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THE

TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

Published under the auspices of the American Medical Press Association.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

Vol. XXIII. No. 6. Whole No. 674. } NEW YORK AND PHILADELPHIA, AUGUST 8, 1891. { Yearly Subscription $3.00, in advance. Single Numbers 10 cents.

Published by the Medical Press Company, Limited, 1725 Arch Street, Philadelphia, Pa.

Agents in Paris: E. Besines, 19 Rue Vaneau. Entered at the Philadelphia Post Office as second-class mail matter.

Notes and Items.

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Kansas City Mo. June 8 th 91

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Very truly
B. F. Records M.D.

REED & CARNRICK, Manufacturing Chemists, New York.

The Times and Register.

Vol. XXIII, No. 6. NEW YORK AND PHILADELPHIA, AUGUST 8, 1891. Whole No. 674.

Original Articles.

INFANTILE PARALYSIS.[1]

BY A. VAN HOFF GOSWEILER, A.M., M.D.,
BALTIMORE.

THROUGH improved methods of investigation and advanced knowledge, the location of the lesion in the spinal cord in infantile paralysis has of late years been ascertained—the view that the disease is an "essential" affection of the peripheral nerves or of the muscles is incorrect. This generic name is unfortunate and misleading, for it is not, as the name would imply, the only form of paralysis that occurs in children, and even if it were, it is not confined to the period of infancy, but attacks persons of any age. It is, however, akin to a form of paralysis that is by no means uncommon in adults, to which M. Duchenne *de Boulogne*, of France, has applied the name, progressive muscular atrophy. Neither does the name, infantile spinal paralysis, describe it, as spinal paralysis in children may arise from spinal meningitis, tumors, pressure-myelitis in Pott's disease of the spine, acquired diphtheria, syphilis, or other causes. M. Duchenne recognized it first in 1849, and brought it before the profession in 1853, calling it infantile atrophic paralysis. "If I were to give this disease an anatomical name, I should call it acute paralysis of childhood from fatty atrophy of the anterior spinal cells." M. Duchenne thus asserts his belief that its origin is spinal, although no post-mortem examinations had been made to confirm it.

It was not until 1830, that J. von Hein first described its clinical features; in 1863, Cornil microscopically observed distinct alterations in the cord; in 1865, Prévost, Vulpian, Labordé, Erb, Leyden, located, and in 1868, J. Lockhart Clark confirmed, the essential lesion in the anterior horns of gray matter in the cord; but it remained for Charcot and Joffroy in 1870, to point out the degeneration as well as the constancy of the lesions, and not until then can it be said that its pathology began to be understood.

Though infantile paralysis, or poliomyelitis anterior acuta infantilis,—a name proposed by Professor Kussmaul, indeed, preferable in that it describes the pathology of the disease, a true poliomyelitis—is usually an obscure, warm-weather spinal disease, it has been observed coming on suddenly, but seldom after the age of four years. According to Gowers, of all cases under ten years, three-fifths occur in the first two years of life, and, he says, there is little doubt that a considerable number of cases are congenital.

Dr. T. G. Morton, *Philadelphia Medical News*, July 12, 1890, believes that most cases of congenital club-foot are the result of an intra-uterine paralysis, for in all palsied muscles were found. One of M. Duchenne's cases was affected twelve days after birth; Bramwell's in three weeks; Wharton Sinkler's 345 cases in the Philadelphia Infirmary for Nervous Diseases, lately published in statistical form, 135 below two years, and 56 under one.

It is claimed that the paralysis in typical cases is ushered in with fever and restlessness. Charcot regards the fever as the usual precursor, and most of the text-books follow his example; but in the cases I have seen, I have failed to obtain any history of high temperature. West lays little stress on the initial fever, making it rather the exception than the rule.

Apart from the febrile initial stage and the sudden onset of paralysis, it occurs to the discriminative diagnostician that the uniformity of the lesion in cervical and lumbar enlargements of the spinal cord,

[1] Read before the Medical and Surgical Society of Baltimore, June 11, 1891.

the invariable immunity of the sensory functions and of the visceral sphincters, the rapid disappearance of the reactions of the muscles to the faradic electric current, the early atrophy, the fall of temperature, finally, the deformity,—that all these phenomena are found combined in no other disease. In fact, it cannot be denied that peripheral paralysis of single limb —of one arm or leg—may resemble in its clinical characters the centric affection which we are considering. However, the absence of anæsthesia, of a characteristic decubitus, of paralysis of the sphincters, distinguish it from acute, central, transverse myelitis, multiple neuritis or diphtheritic paralysis. From the effects of injuries, especially from stretching or compression of a nerve-trunk and congenital dislocation of the shoulder-joint, we learn in the matter of differential diagnosis, that paralysis may arise and be accompanied after a short time, by atrophy of the muscles and loss of their reactions to faradic electricity, just as in certain cases, reported by Charcot, of peripheral paralysis of the facial nerve.

Statistics inform us that in more than half the cases the lower limbs are affected; of the remainder, the majority represent implications of the arms, notably the deltoid muscles (palsy of Erb), and legs, or, perhaps, arm and leg, and very seldom the upper extremity alone.

All investigators assign some cause, such as teething, cold or damp, injuries to the spine, measles, scarlatina, malarial or other fever, convulsions or concussion; but when such a variety of wholly different causes are assigned, which possess no feature in common, we are warranted in thinking they are merely concomitants or accidents. Paralysis in infants following a chill, when the body is heated, gives rise to suspicion of poliomyelitis anterior. Heredity has, perhaps, a distinct influence in the production of the disease, but it is only after a popular mode of expression that we can consider it as a cause. At the Fourth Congress of Russian physicians, recently held, Dr. Rot made a communication, declaring that heredity is the only etiological factor that has been proven, "the primary cause of the affection must be sought for in the modifications of that part of the fecundated ovum, which enters into the formation of the nervous system." Gowers and Buzzard seem quite paradoxical, if not right, in their statements, the one being strongly impressed with its heredity; the other believing that "it is more common than not, for the disease to attack fine, grown, hearty children, for neuropathic heredity generally does not materially impress itself in an apparent manner upon the nutrition or growth of infantile life." During the period of dentition, children are liable to disorders of the cerebro-spinal system, and, as from apparently slight causes, we find convulsions the cause of the death of numberless infants, seemingly robust; so we see in this affection, as little cause producing paralysis.

Of course, we have loss of heat and atrophy in the muscles of the affected limbs; but what is the cause of the atrophy? Is it due merely to their not being called into action? or is the atrophy a feature of the disease as the paralysis and dependent upon the morbid changes in the nerve-centres? The latter seems most probable, as we observe the atrophy extends to the bony system, the nutrition of which is involved. Evidently, this atrophic degeneration, if not inherent, is a real sequence of inflammatory process in the cord. This suggests the question of the utility of topical remedies, such as rubbing, muscle-beating, massage, perhaps electricity.

Here, again, in the muscle-lesion, we observe a marked contrast to the order of sequences that obtain in the cognate disease, progressive muscular atrophy, for while in the former, the paralysis always precedes the atrophy; in the latter, the atrophy precedes the paralysis, and determines the amount. If not an anomaly, perhaps a problem for the physician, why the affected limbs in the latter react normally to electrical stimuli, and in the former, galvanic reaction is either wholly or partially lost?

It is a charactertistic point that the paralysis almost always reaches its worst at the very beginning, as in the apoplectic paralysis of adults, or in the first twenty-four or forty-eight hours. After that there is a marked improvement. The power of motion is rapidly recovered. After some weeks the paralysis is often confined to a single group of muscles in one arm or leg with persistence; in other cases the symptoms suddenly improve. Occasionally, after a week, some of the muscles contract, but feebly, others not at all, to the faradic electric current. "This is," says Prof. Henoch, of Berlin, "a bad sign, for when the muscles cease to react some weeks after the onset of the disease, they usually remain incapable to reaction to the electric current during the whole of life. The paralysis and atrophy may be very well marked, and yet the limbs scarcely appear shortened, and the growth of the bone may be arrested to considerable extent."

When called in time, we are first to combat the congestion and inflammation, which, manifestly, are the conditions of the gray horns of the spinal cord; hence we have a clue to the therapeusis we should employ. At this early stage we should ignore vigorous faradic stimulation, either peripheral or from center to periphery, for it will exhaust motor excitability; but should adopt, in particularly adapted cases, the mild, galvanic, uninterrupted current, to be sent down through the injured cord, out through the nerves to the flabby muscles. However, when the damaged motor centres can bear later peripheral excitation, the faradic, the induced static, or franklinic interrupted current may be employed. After the eighth day Simon, of Paris, uses a weak galvanic current, applying the positive pole to the shoulder and arm, the negative pole being placed in a basin of water, in which the child's hand rests. The sitting should never last more than eight minutes. The functions of the skin may then be stimulated with salt and sulphur baths. In the early stage Dr. Althaus advises the injection of ergotine, ¼ gr., for a child a year old, in order to contract the arterioles of the part, to deplete its blood supply. He stimulates the muscles as they become affected with injections of strychnine. Conium and chloral may be used to calm nervous excitement. Dr. E. C. Seguin recommends counter-irritation over the spine, bromides, and arsenic, while others use cupping, leeches, and iodide of potassium. Brown-Séquard has well encouraged us to employ belladonna, in that it is capable of controlling the inflammatory process in the cord. Prof. Fraser, of Edinburgh, has confirmed this claim. The same indication that calls for rest to the cord indicates abstinence from large doses of strychnine and electricity. If pain or fever are present, use ether spray to the spine, ice, gelsemium, aconite, antipyrine, internally.

All cases do not get well under treatment, but enough recoveries occur to give hope for a bright future for these little ones, when the family physician will either treat them correctly or send them to the neurologist, who will take the necessary and

timely pains with them. General medicine made nervous diseases an opprobrium until neurology grew into an important specialty, and gave hope to thousands, as it has given to these little patients, who are too late and often left to the tender care of modest prophets to grow up, in some instances, needlessly deformed.

2042 East Baltimore Street.

DRUNKENNESS: HOW SOCIETY SHOULD DEAL WITH THE GROWING EVIL.[1]

By WARREN F. SPALDING.

Whatever may be true as to the causes of intemperance, and the best methods of removing them, it is plain that drunkenness furnishes a large proportion of the work of police, courts, and prison officials. Sixty-five per cent. of the arrests in Massachusetts and 70 per cent. of the commitments are on account of this crime. About 40 per cent. of all who are confined in our prisons are held on this account, to say nothing of another large percentage of cases in which drinking habits led to other crimes. In these figures no account is taken of any except those who were arrested. The thousands of others as badly intoxicated, who were not taken into custody, are not included. The police ordinarily take cognizance only of those forms of drunkenness which make the individual a public peril or a public nuisance.

What should be done with them when they have become sober? Until recently Massachusetts, like most States, has dealt with them by machinery. So far as there has been any theory underlying their treatment, it has been that drunkards are all substantially alike, and should be dealt with substantially alike. Drunkenness, being an offense against the State, must be punished. The theory is a fairly sound one, though not applicable in all cases. The State should, as far as possible, put the seal of its condemnation upon drunkenness, especially upon those forms of intoxication in public to which reference has been made. The person who is drunk should be made to realize that he is an offender against the State.

But how shall he be punished? Heretofore the rule has been, substantially, that the drunken person shall, when convicted, be required to pay a fine of $5. If he paid it he was released; if he could not pay it he was committed to prison for thirty days, with the privilege of being released whenever he could pay. This system was fruitful of many evils.

EVILS OF THE OLD SYSTEM.

1. It discriminated between the rich and the poor. The man arrested for drunkenness who had $5 escaped punishment, while the one who had no money was punished by imprisonment for a month.

2. In a large number of cases the money paid for fines came from the earnings of mothers and wives. Many of them were afraid to refuse to pay these fines. Many others paid because the prisoner was the breadwinner for the family, and a choice must be made between paying $5 and losing a month's wages. This impoverishment of the families in order to secure exemption from punishment is a very serious evil. It punishes the innocent wives and children, and disheartens all concerned.

3. The fact that the penalty for drunkenness was only a fine, led to a disposition of this class of cases by wholesale, with very little consideration for the individual peculiarities of each. As the court had no option in the matter except to impose a fine or to release the prisoner, it was useless to take time to try the cases in detail.

4. The system of fines led to uniformity of treatment when there should have been discrimination. It made no difference whether a man came into the dock for the first time or for the fiftieth; whether he was an habitual drunkard or only an occasional offender; whether he was a homeless tramp, living by his wits, or an industrious citizen who usually supported his family; as a rule they were all treated alike. Occasionally the court would place on probation, or discharge with a nominal fine, a prisoner who showed himself deserving of leniency, either by his past record or on account of the needs of his family. Occasionally, also, a complaint would be made for a "third offense" within a year, and a definite sentence to imprisonment would be imposed, but these cases were few.

5. The system favored the habitual drunkard. Men have been sent to "The Island" eleven times in twelve months for non-payment of fine. It is not uncommon to receive a prisoner who has served forty or fifty thirty-day terms, while many others, in better circumstances, had paid scores of fines.

6. It put the brand of criminal upon many who had committed no other offense. The seriousness of this can hardly be measured. When a man who has lived an honest life finds himself standing in the dock side by side with the most dangerous and vilest of the community, and is treated like them, he often loses ambition, reckons himself a criminal, gives up hope of restoration, and becomes a permanent member of the delinquent or dependent class. If the same man were given an opportunity to correct his error without being thrown among the distinctively criminal class, and without being marked as a "prison bird," the chances of reformation would be greatly increased. The shock of a first arrest, even if nothing follows it, is often the means of causing one to see and turn from his folly. The first imprisonment, especially if the prisoner is not a hardened offender, is very likely, by its degrading associations, to confirm him in wrong tendencies.

7. The fining system makes the offense of drunkenness appear a trifling one. The man who has reached the point in his downward career where he is conscious that he may soon be liable to arrest, forms his conception of the enormity of his offense by the penalty imposed. If he can satisfy the State by paying $5 he will not regard it as a very grave affair. It does not deter him; does not punish him; does not educate him to realize what a serious matter it is to be drunk.

THE NEW SYSTEM.

The new Massachusetts system of dealing with criminal drunkenness aims to remedy many of these evils. It in no way changes the underlying foundation of the old law, that it is a crime to be intoxicated. The person who is found in this condition is to be taken into custody by the police, as before. The new law provides for punishing him, even more severely than the old law. Whoever is convicted of drunkenness may be imprisoned for a term not exceeding one year, in a county or city prison, or the State workhouse, and if sent to a reformatory, may be kept two years. As this is a very severe punishment for a single offense of this kind, it is provided that if the officer in charge of the police station is satisfied that

[1] Read at the International Medical Congress at New York.

the prisoner has not been arrested twice before within a year, he may release him, not absolutely, but pending investigation. The method is simple. The prisoner who desires this leniency makes a written statement, giving his real name and address, and declaring that he has not been arrested for drunkenness twice before within the twelve months next preceding. If the officer believes this statement to be probably true he may release him.

This provision was somewhat misunderstood at first. Many officers supposed that they were obliged to release any prisoner who made a statement. The language of the statute is that he *may* release, and to make it certain that the power is not exercised for the benefit of old offenders, or persons who are unknown, the releasing officer is required to certify in writing his belief that the prisoner's statement is probably true.

To release a prisoner when there is doubt as to the truth of the statement is a gross abuse of power.

NO OBLIGATION TO RELEASE.

Even if the officer believes the prisoner's statement is true, he is under no obligation to release him. A thoroughly bad man may be brought in, arrested for drunkenness for the first time. As general character is to be taken into consideration in imposing a sentence for drunkenness, it should be considered, in deciding whether he shall be released from the station or not. The court should be allowed to pass upon all doubtful cases.

If a prisoner is released, his statement is afterwards investigated, and if found to be false, he must be arrested and tried. If he makes a statement, and is not released, his statement goes to the probation officer, who reports to the judge. If he is satisfied with the report, he may release the prisoner without bringing him into court. If he is complained of (as he must be if he is not released), he may, after conviction, be placed on probation, under the surveillance of a probation officer, or may have his case placed on file if he satisfies the court that he is not an habitual offender.

THE FOUNDATION OF THE SYSTEM.

The theory underlying this part of the system is that, unless a person is otherwise objectionable, the fact that he is arrested for drunkenness twice within a year does not warrant a sentence to imprisonment. There is nothing new in this. No one has ever claimed that all drunken persons should be arrested. Officers have always been allowed to use their discretion. They have passed by many who, in a quiet way, were trying to get home; they have allowed a drunken man's companions to get him there if they could, or have seen the man himself, so drunk he could hardly stand, call a carriage for the purpose. There is not a community of any size which does not have its habitual drunkards, who are constantly intoxicated in public, but are never arrested. So long as these things are tolerated—and no one suggests that existing customs of this kind should be changed—there can be little objection to allowing the police captain to release, under careful restrictions, one who can satisfy him that he has not been arrested twice before within a year. Assuming that drunkenness is a crime, it is still true that it is different from all other offenses. No police officer is allowed to pass by a person whom he has seen committing a petty larceny, or to permit the friends of a burglar to assist him home with his spoils.

THE ADVANTAGES.

Several marked advantages have already been secured. Rich and poor are now treated alike. Those who are sentenced go to prison because they have been drunk, and not because they are poor. Whenever imprisonment is thought to be the proper punishment for drunkenness, it is imposed directly by the court, and does not come indirectly on account of the poverty of the prisoner.

Though the law has been in operation but two weeks, and was greatly misunderstood by police and other officials, many habitual drunkards have already been sent away for long terms.

The old machine methods of trying cases of drunkenness are at an end. Having the discretion to sentence a drunkard, even for his first offense, to imprisonment for a year, and compelled to decide how long the term shall be, the courts try these cases with the same care which is bestowed upon those of other classes. When the guilt of the prisoner has been established, either upon his own plea of guilty or by the testimony of the officers, inquiry is made, very carefully, into his past record. If he cannot show that he is only an occasional offender he is imprisoned. It is not necessary for the Government to allege or prove anything, except that the person was drunk. That alone is punishable by a year's imprisonment. The Government has nothing to do with previous offenses. If the prisoner wishes leniency he may show that he deserves it by satisfying the court that he is not an habitual offender. The Government may, if it chooses, show previous arrests, *after conviction, but not before*, by way of assisting the court to decide how long the sentence should be. As a matter of fact this is generally done, but it is not obligatory.

Long sentences will make it possible for the habitual drunkard, by a long period of abstinence, to regain the will power and strength necessary for successful resistance to the temptations and demands which so easily overcome those under the control of this appetite. This cannot be accomplished in a short period. Months are required to secure it, and, while the experiment with him is in progress, the community will be rid of his presence, and the streets will be safer. If he has a family it will usually be relieved by his enforced absence.

The written statements which must be made in order to secure the release of a prisoner from a station house become a permanent record. If the person released repeats his offense this will be very accessible and valuable for future use. The man who has been released twice will be careful about the third offense when he knows that it is very certain to be followed by a term of imprisonment which he cannot escape by paying a fine.

DISCRIMINATION.

The new system provides for discrimination between individuals. If two persons are convicted of drunkenness, one of them may receive a sentence of a month, while another will be committed for a year, each according to his general character. The principle that the character of the offender rather than the character of the offense should determine the length of the sentence, is one which must, in the end, be universally recognized, and its adoption in this law is a long step forward.

The old law had no deterrent power. A fine had no terrors if the prisoner had the money to pay it, and most of those who had not had reached a point where a possible imprisonment for a few weeks would

not restrain. But the fact that men and women by scores are receiving sentences of three, six, nine and twelve months cannot fail to have a salutary effect upon those who are slipping into the ranks of the habitual inebriate. By making imprisonment the sole penalty for drunkenness, refusing to accept money in satisfaction for the offense, the State magnifies the importance of this crime.

REFORMATORY TREATMENT.

Besides our ordinary penal institutions, in which misdemeanants are usually confined, some of the most hopeful cases are sent to the State reformatories—that at Concord for men, and that at Sherborn for women. In these institutions special effort is made to secure reformation. It is to be hoped that eventually, when drunkards committed for long terms have taken the place of those held for thirty days, some effort will be made in county prisons for securing treatment having a more definite purpose to reform this class of persons.

DIPSOMANIA.

Several years ago Massachusetts recognized the fact that some persons who drink to excess do so because they are diseased. Unable, at the time, to do better, it passed laws which provided for the commitment of dipsomaniacs and inebriates to the lunatic hospitals, and hundreds have been thus dealt with. The recognition of the principle was a great step in advance.

The experiment led to another. The State has committed itself fully to the treatment of dipsomania as a disease. The Massachusetts Hospital for Dipsomaniacs and Inebriates is now in process of erection at Foxborough, about twenty miles from Boston. It will accommodate two hundred male patients. It is to cost $150,000. It will be opened some time in the first half of 1892. Its first inmates will be those who have been committed to the lunatic hospitals for this cause. They will be transferred. The commitments which will follow will be made by precisely the same methods which now govern the commitment of other classes of insane, except that it will be alleged that the person is a dipsomaniac or an inebriate. It is required that the person committed shall be of good character, aside from his inebriety.

The hospital will start with many advantages. It will have this single class of patients, while the lunatic hospitals have been obliged to have them (sane in most respects after a week of confinement) mingled with other classes, the lunatic and the dipsomaniac both injured by the contact. The Trustees have been prevented from constructing ideal buildings by the meagreness of the appropriation, but the cottage system, in a modified form, has been adopted.

Much of the success of the institution will depend upon the skill and conscientiousness of those who make the commitments. As only a small percentage of those who are intoxicated frequently are dipsomaniacs, there is great liability, unless there is the most careful scrutiny, that the institution will be burdened with persons for whom it was not intended. This danger may be easily averted, however, and the institution bids fair to do much for the scientific treatment of the class for whom it has been created.

WHAT THE NEW SYSTEM CONTEMPLATES.

Seven things, then, have been attempted in recent Massachusetts legislation:

1. The fine as a penalty for drunkenness has been abolished.

2. Imprisonment has been made the only punishment for this offense.

3. Provision has been made for the treatment of drunkards by the courts as individuals, and not as a class.

4. The man who is intoxicated occasionally will be taken into custody until he is sober, and will then be released with the knowledge that succeeding similar offenses will be severely punished.

5. Full and complete records will be kept of this class of offenders, making possible the recognition of habitual drunkards.

6. Probation officers, appointed by each court, will investigate all cases, and take the surveillance of such persons as the court shall think can be better cared for at liberty than in prison, provision being made for surrendering for sentence those upon whom the experiment of probation fails.

7. Provision has been made for hospital treatment of those who have become dipsomaniacs.

The purpose in all this is to make it certain that each drunkard shall be dealt with as an individual. It will take time to educate the people and the officials to this, but eventually it will be seen that the community has so great an interest in the future of each drunkard that it cannot afford to have him treated as one of a class. The man who is intoxicated occasionally, the habitual inebriate, the drunken hoodlum, the dipsomaniac, each requires and deserves different management. The new Massachusetts laws provide methods for securing this.

DESCRIBED IN A SENTENCE.

The central feature of the new system is intelligent discrimination, based upon accurate information.

A TEN-MINUTE PAPER ON THE TREATMENT OF ALCOHOLISM.[1]

BY N. L. NORTH, M.D.,
Consulting Surgeon, Methodist Episcopal Hospital, Brooklyn, N. Y.

WHEN discussing the treatment of a disease, we have to consider many things, prominent among these are: The *cause*, can it be removed? The manner of development, can it be retarded? How far has it progressed? Is it still curable? Together with the age, sex, temperament, bodily vigor, the possible and probable power of recuperation of the patient, etc.

Much might be said, indeed much has been said here and elsewhere, upon the *remote*, the probable causes of the disease now called *alcoholism*. The *proximate*, the *immediate* cause of alcoholism is the imbibition of alcohol.

Drink causes the drink disease. In discussing the best medical *treatment* of a *disease* we cannot, of course, enter into the prophylaxis of the disease and so it will not be profitable at this time to attempt to consider at length the *remote* or *possible* causes of alcoholism.

We have the condition established: *Habit;* the yielding to custom; to a desire to please a friend; to a desire not to appear singular; or, to the direct desire for *stimulation*, continued in until it has become a second nature, until it has produced a diseased, abnormal condition of the vital organs and of the vital fluid, is the condition we have to contend with.

An acute, subacute, or chronic inflammation of some one or more of these organs; an acute, sub-

[1] Read at the Medical Congress, Staten Island, N. Y., July 16, 1891.

acute, or chronic inflammation of the brain or its meningies; an acute, subacute, or chronic inflammation of the central or peripheral nerves, with a more or less general progressive degeneration of the same, caused by the more or less constant presence of the disturbing, poisonous influence of the alcohol is, I say, the condition we have to contend with.

The question is: How can we get rid of this condition of things? How far will it be safe to remove this immediate *cause* of the difficulty? What medicines will best help us to do this?

Again, in what I have to say here, I shall consider it from the standpoint of the *private* practitioner, comparatively *few* who suffer from alcoholism can be treated in the asylums or retreats established for that purpose.

There are objections to sending a man or a woman to an inebriate asylum; financial, moral, and ethical. I cannot, of course, stop to discuss the propriety or impropriety of these objections; they *exist*—and the larger number of the alcoholic *habitués* have got to be managed by the ordinary physician, the general private practitioner. What is the best thing for *him* to do with these cases?

Is there any medicine known that will destroy the habit? *No!*

Is it safe to give opium or other stimulant, or narcotic, to *help* an individual to break off from alcoholic drinks? No; he may contract another and, perhaps, worse habit.

A person with strong nerve and will not too far overcome (with drink) may, perhaps, be assisted to stop drinking by the use of the bitter non-alcoholic tonics, in combination with capsicum. But, it must be thoroughly understood that the only way to overcome the drink habit and the drink *disease*, in whatever form it assumes, is to stop drinking.

Remove the *cause* of a *disease*, and you have then only to assist the natural recuperative powers of the system to repair the damage that has already been done.

Is it safe then, in the advanced stage of alcoholism with indications of *delirum tremens*, or dangerous insomnia, or other dangerous symptoms, to withdraw the alcohol entirely? That depends upon conditions, upon the age, state of the heart's action, natural strength of the individual, etc.

Perhaps, in some cases, the wisest plan would be to withdraw the stimulants gradually, and produce sleep and composure, with large doses of one of the bromides, or, in some cases, with opium administered boldly, yet cautiously.

Where it is possible (and we cannot expect to succeed without), it is best to have complete control of the patient. It will be necessary to have his consent, or if he is beyond giving it, then the consent and concurrence of whoever has charge of him, that the physician's directions and advice shall be followed to the letter, whatever happens. Then, as soon as practicable and safe, get rid of the alcohol *entirely*. Another thing, which *I* deem of the *utmost* importance, is to *stop* the use of tobacco. Science and observation alike, teach *me* that the depressing influence of the nicotine-plant *intensifies* the desire for alcoholic stimulation. The way back to drink and ruin, after reformation, in my observation, has often been through excessive tobacco indulgence.

In short, then, I would say, secure the entire control of your patient; secure his consent to the treatment, and the consent and concurrence of whoever is interested in his welfare; secure a nurse whom you can *trust* to do exactly as you bid him, and report to you everything he does, sees, or hears.

Then, at the earliest possible moment you deem it safe, either with or without the aid of opiates, bromides, or other nerve sedatives, take away *absolutely* the alcohol; *the* foreign element which is contorting the blood corpuscle, causing irritation and inflammation, deranging the secretions and excretions, producing thereby atrophy of the nerve cell and degeneration of the nerve fibre. Stop, also, the use of tobacco, and then encourage your patient to *eat*. Let him drink coffee—strong coffee for a time—and give non-alcoholic, bitter, warming, stomachic tonics, such as quinine, strychnine, capsicum, etc. Meet complications, and they will be likely to develop in many ways according to the tendencies and temperament of the patient, in a rational manner, only do not be tempted to use (or in any way consent to the use of) spirits or tobacco in any form. Be firm, yet, in every way, be encouraging, and helpful to your patient, and you have a right to expect success, if the case has not advanced to a condition absolutely incurable.

The Polyclinic.

MEDICO-CHIRURGICAL COLLEGE.

GYNECOLOGICAL EXAMINATIONS.

THE following points, taken from a lecture by Dr. E. L. B. Godfrey, at the Medico-Chirurgical College, are briefly given:

After an examination as to the general history of a case, and the symptoms pointing to a pelvic cause, place the subject in a dorsal position and examine:

1. *The Abdomen*, for inequalities in the surface; the presence or absence of the linea nigra and the linea albicantes, and for abdominal tumors. Note also if there be pain on pressure in the region of the tubes and ovaries.

2. *The Perineum*, if it be of the proper thickness and depth, or lacerated, which is found to be the case in varying degrees in about 75 per cent. of parous cases.

3. *The Vagina*, the condition of its orifice, whether patulous or painful to the touch; its walls, whether prolapsed or unduly moist.

4. *The Uterine Cervix*, its size, shape, direction, and mobility.

5. *The Os Uteri*, whether lacerated or not.

6. *The Uterine Fornices*, whether painful to touch, as is the case in cellulitis. Note whether a lump can be felt through the posterior, anterior, or lateral fornix.

7. *The Mobility of the Uterus*, whether limited in its normal range by parametritic or perimetritic adhesions.

8. *The Position of the Uterus*, as determined by the bi-manual and sound examinations.

9. *The Depth and Direction of the Uterine Cavity*, whether it be increased or diminished.

10. *The Tenderness of the Uterine Cavity*, whether it be marked, and bleeds upon being touched with the sound.

AN appeal is made in the *Berliner Klinische Wochenschrift* for funds for the restoration of the monument over the grave of the famous Arabian physician, Avicenna. Dr. Albu, who has recently returned from Persia, where he had been studying mountain fever, reports that the grave is in an utterly neglected state. Contributions may be sent to the German Ambassador at Teheran.

The Times and Register

A Weekly Journal of Medicine and Surgery.

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THE TIMES AND REGISTER,
FORMED BY UNITING THE
PHILADELPHIA MEDICAL TIMES,
THE MEDICAL REGISTER,
THE POLYCLINIC,
THE AMERICAN MEDICAL DIGEST,
PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Published by the MEDICAL PRESS Co., Limited.

Address all communications in regard to Editorial and Subscription Business, to 1725 Arch Street, Philadelphia.

Address all communications in regard to Advertising, to 218 E. 34th Street, New York.

New York and Philadelphia, August 8, 1891.

TUBERCULOSIS IN THE CONVICT.

AN important paper upon the pathology of crime appears in the July number of *The Sanitarian*. Dr. W. D. Robinson, Physician to the Eastern State Penitentiary of Pennsylvania, gives the results of his observations of the convicts in his charge, as regards tuberculosis. Those who are familiar with the criminal class, can usually recognize its members, though it is not so easy to explain the distinguishing characteristics, so that others can detect them. In the same way, those who are accustomed to deal with feeble-minded children can pick out at a glance the defective members of a school-room full of children.

In the institution under Dr. Robinson's professional charge, the average population is about 1,100. Analysis of the mortality records for the last sixty years shows that more than 50 per cent. of the deaths are due to tuberculosis. The annual admissions for ten years have averaged about 550. Of these 18 per cent. could give no family history. Many more could give no reliable information. Among the rest tuberculosis has been remarkably present in their families. Out of 480 convicts received during one year the histories of 170 are given. Among these 158 were either themselves consumptive or of phthisical families, while in 8 cases epilepsy was found; in 7, insanity; in 6, alcoholism; and in 3 cases cancer.

"From 8 to 12 per cent. of the convicts in a State prison will be found to be of this criminal class. In them crime doing is so inherently a dominant factor in their characters that they never cease the commission of crimes. For the greater part of their lives they may have been subjected to the most efficient and rigorous means known for their reformation, but with practically no effect on their morality. The most prolonged punishments by prison confinement proves equally ineffective in inducing them to lead better lives. Although it is possible for an experienced expert in criminal study to readily recognize in his early history one who will inevitably always be found enrolled among the crime class, it will nevertheless be accepted with less doubt that a man should properly be here classified, if a sufficiently long history can be obtained to practically prove the correctness of so recording him. Only the worst class of criminals and those sentenced to prolonged periods of incarceration are placed in State prisons. A study of the records of a State prison over a period of fifty or sixty years, will show that when a man has three or more times been sent to such a prison, his name thereafter will be repeatedly found enrolled until the end of his life. A selection, in consecutive order, of two hundred convicts who have been three or more times convicted and sent to penitentiaries, and a study of the family health history of each of these respective individuals, demonstrates that $74\frac{6}{10}$ per cent. of them have had occur three or more deaths from tubercular consumption in their respective immediate families, within the limit of father, mother, brothers, and sisters. This is certainly remarkable, and would seem to point strongly to the existence of a defective physical make-up as accounting for the abnormally immoral lives of these people. It would seem that such physical inheritance had also to do with the styles of crime committed by such unfortunate persons. Of 367 convicts who died of consumption in the Eastern State Penitentiary during the past sixty years four $\frac{92}{100}$ ($4\frac{92}{100}$) per cent. were convicted of assault and battery, while of the entire criminal population of that period seven $\frac{34}{100}$ ($7\frac{34}{100}$) per cent. were convicted of this crime; $\frac{55}{100}$ of one per cent. of the convicts who died of consumption were convicted of murder in the first degree, while $\frac{37}{100}$ of one per cent. was the proportion convicted of this crime in the total population. In murder in the second degree the respective percentages were $6\frac{1}{100}$ as against $2\frac{46}{100}$; counterfeiting, $1\frac{63}{100}$ as against $3\frac{75}{100}$; embezzlement, $1\frac{91}{100}$ as against $\frac{63}{100}$; horse stealing, $4\frac{11}{100}$ as against $3\frac{10}{100}$; robbery, $5\frac{74}{100}$ as against $4\frac{21}{100}$; burglary, $23\frac{75}{100}$ as against $14\frac{43}{100}$; larceny, $38\frac{54}{100}$ as against $45\frac{7}{100}$; arson, $4\frac{10}{100}$ as against $2\frac{14}{100}$. Closely noticing these figures shows that in some crimes, such as burglary and arson, the percentage is almost double in the convicts dying of consumption, as compared with the percentage found among the entire population."

There are several sources of fallacy in this statement that detract in some degree from its value. The term "consumption" is too indefinite for modern nomenclature, and means too much or too little. If by it all forms of wasting diseases are included, even those attributable to the imprisonment itself, it is too comprehensive. If tubercular phthisis be meant, it does not include non-pulmonary tuberculosis, or non-tubercular phthisis. The second fallacy relates with the contraction of tuberculosis through the medium of infected cells. With the large proportion of tubercular cases in our prisons, it is inevitable that without a systematic disinfection, enforced with a perfection that is scarcely probable under the circumstances, infection of cells, and consequent infection of the subsequent occupants, is most probable.

Dr. Robinson's paper is of especial interest as opening up the way to a most valuable investigation.

The questions of the infection of certain cells, of the efficiency of disinfection in such cells, the relations of crime with tuberculosis in general, of deficiency of physique, and of aberrations from the normal type of cranium, etc., with deficiency of the physical or mental constitution, form a fruitful field for the study of those who occupy the posts of physicians to prisons. Notwithstanding its incompleteness, Dr. Robinson's paper furnishes a striking illustration of the pathogenesis of crime. In this selfish struggle for existence, a certain proportion of the less fit give way to temptation, that brings to bear upon them a force not exerted against their stronger brethren. England impressed a young husband, leaving his wife destitute, and hung her for stealing a loaf to preserve her child from starving. While such shocking instances of the heartless application of the "survival of the fittest" principle cannot occur at present, we may still go a long distance further in the way of charity; finding in our present conditions of existence reasons, if not excuses, for a great proportion of the crime existent.

Annotations.

PROFESSIONAL SECRETS.

PHYSICIANS should stop to consider most carefully before they comply with the request of a life insurance company for private reports upon their patients. In one case a prominent physician of West Philadelphia was placed in a serious position. He had been asked for information concerning a patient, and his communication was promised secrecy. But very soon after having replied, his patient came to him with his letter to the company, and stated that his application for insurance had been refused on account of this letter, and two other companies in which he was insured had revoked their policies for the same reason.

The best way of dealing with such "confidential" requests for information is to deposit them carefully in the waste-paper basket, with the proprietary medicine circulars.

DISCUSSION ON TUBERCULIN.

THE discussion in regard to the Koch's institute for infective diseases at the Prussian Abgeordnetenhaus, has been repeated at the Herrenhaus. Baron v. Durant profited by the occasion to give prominence to homœopathy. Referring to the opinion of Prof. Taeger, that Koch's treatment of tuberculosis is a homœopathic method, he praised the homœopathic successes in the treatment of diphtheria, as well as Count Mattei's electro-homœopathy for the treatment of cancers. Based upon these he requested the Government to take steps to "free homœopathy from its inferior position (Aschenbroedelstellung) in the science of medicine," by instituting special departments for the study of homœopathy, supporting homœopathic hospitals, and opening a special department in the new institute, "in which the homœopathic treatment of patients may be united with Koch's experience and skill."

The secretary (Government) of the department for instruction advised Baron v. Durant, in a rather sarcastic speech to address Prof. Koch directly, he (Koch) having carte blanche as to the means and ways to be adopted to further the interests of the institution, and to investigate all proposed treatments. Regarding the tuberculin treatment the secretary said as follows:

Gentlemen, you know that my position to the Koch matter is entirely and purely objective, and that any opinion which I now hold, is only caused through a study of the number of observations and experiments published, which study prompts me to say that the scientific value of the Koch's discovery has been recognized in general, and that the therapeutic value of this discovery will experience a most remarkable benefit, if Geheimrath Koch will succeed in producing the *pure* ingredient of his remedy. With this work he has occupied himself for months, and he informed me lately that he is in hope to finish his work in a few weeks, and that he will then present his discovery to the medical profession for minute examination. Only, then, the question whether this discovery will be beneficial from a therapeutic standpoint can be discussed and solved. I hope that such will be the case, but to positively claim its therapeutic value at this early day, I cannot do.

Letters to the Editor.

PHLEGMASIA DOLENS.

THE following treatment having been under my observation for twenty years—viz., twelve years of my father's practice and eight of my own—and having never known it to fail in a single instance, I take the liberty of enclosing it to you. I take it that it is not generally known, as I have never seen it mentioned in any medical journal or text-book.

For phlegmasia dolens I give hydrate of chloral, 2 to 5 grains in water, q. s., every two to four hours, accompanied by the usual treatment of elevating and bandaging the limb. Whatever the indications may be for other treatment, *do not stop the chloral.* The cure is usually very rapid. Chloral is applicable in all cases of phlebitis, from whatever cause.

A. W. COTTRELL, M.D.

VOLUNTARY ASYLUM COMMITTAL.

A YOUNG man recently surprised the Chicago County Court by entreating to be committed to an insane asylum, as he felt that impulses to homicide were increasing with him, and he feared that soon he would be unable to resist them. His request was granted. This will make a precedent for the defense of lunatics who have committed homicides in cases where the mental alienation is doubtful; but such claims, when crime is committed, should be regarded suspiciously.

A thirty-year-old book-keeper applied to me, recently, to secure admission for him to a State asylum. He had at times some of the trepidation of agitated melancholia, but his ailment resembled more a prodigious hypochondria. He said that he walked the floor at night, and "cursed his parents in their graves" for having conferred a rotten heredity upon him—they appear to have been mentally defective.

The patient was anxious to secure asylum treatment, and lessen his opportunities to commit suicide.

S. V. CLEVENGER.

DEFORMITY OF TONGUE.

SOME time ago, I was called to see a child, but a few hours' old, with a cleft soft palate. The halves of the uvula were lying on the floor of the mouth, at each side. The tongue was not in its normal position, but retracted, with the tip pointing toward the roof of the pharynx. Seizing the organ by the tip and pulling outward would bring the extreme end just to where the frænum linguæ was reflected off the floor of the oral cavity. Nursing was impossible, and liquid placed in the mouth was regurgitated through the nares. It died nine hours after birth. I was not permitted to hold a post-mortem examination, but death was probably caused by an undeveloped hyo-glossus muscle holding the tongue in such a position as to obstruct respiration.

F. U. FERGUSON.

GALLITZIN, PA.

BACK-ACHE.

FOR back ache following fevers, and at other times:

℞.—Fl. ext. hydrangea,
Sp. nit. dul.....āā ℥ij.
Sig. Teaspoonful every two hours, in water.

For drowsiness, tendency to coma, during fevers:

℞.—Lloyd's specific belladonna ..... gr. x.
Water..... ℥iv.
Sig. Teaspoonful every one-half to one hour.

These have never failed in my hands. I do not recommend the mixture in back-ache from uterine misplacement or sciatica, but in all others it is a specific.

H. E. STROUD.

PHYTOLACCA.

THE history of poke-root, in my hands, has been this: Some years ago, in my readings, I came across the root under the name of garget; and garget being also the name for abscess of the udder in cows, it led me to make further inquiry, when I found that, in some sections, when a cow is threatened with or has abscess of the glands it is the custom to make a mash of infusion of poke-root and wheat bran, and feed it to the affected cow. It gives prompt relief. This led me to a trial of the infusion in mammary abscess in a woman. Result: The woman was terribly nauseated, vomited considerably, but the abscess went. The infusion being unreliable, but results promising so well, I next tried the fluid extract, in doses of 10 drops three times a day after meals, attending well to the condition of the bowels, by premising the treatment with a saline cathartic. Results excellent in every case, dispersing the abscess in its early stages, and mitigating the disease in cases seen after the formation of pus.

In threatened abscess in any part, of any character, phytolacca decandra is the remedy *par excellence*. In my opinion, it is the best anti-suppurant (?) we have, and deserves a place in our Materia Medica, under that new title.

Now, its action in combination with aconite will be very clear to you, and its kindly action thus combined in *tonsillitis*, as per ℞ sent last week, will be fully understood. I believe its action in all cases would be improved by adding the aconite.

WM. B. BIGLER, Jefferson, Class 1865.

SPRINGVALE, PA.

Book Notices.

A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS, FOR PHYSICIANS AND STUDENTS. Based on the most recent methods of examination. By OSWALD VIERORDT, M.D., Professor of Medicine at the University of Heidelberg. Authorized translation from the second improved and enlarged German edition, with additions by Francis H. Stuart, A.M., M.D. With 178 illustrations, many of which are in colors. Cloth. Pp. 700. Price, $4.00. Philadelphia: W. B. Saunders, 913 Walnut street. 1891.

This is a work that we can recommend in the highest terms to our readers. It is full, explicit, based on the modern pathology, as viewed from the clinical standpoint. It is attractive from its fullness, and the old practitioner can scarcely open it at a page in which he will not speedily become engrossed. The illustrations are judicious and well executed; the diagrams especially apt. The mechanical execution of the book is likewise creditable to the publisher. We have often approved of works as worthy of a place in the physician's library, but never with better reason than in the present case.

The Medical Digest.

OBSTETRIC AND GYNECOLOGICAL NOTES.

By E. S. MCKEE, M.D.

THE Treatment of Abortion, a Subject of Great Practical Importance, Because One Which is Always With Us, was the subject of a very able paper before the Cincinnati Obstetrical Society, at a recent meeting, by Dr. Charles L. Bonnifield, of Cincinnati. Abortion is not only of importance on account of its danger and its frequency (for it is known abroad as "the American sin"), but also assumes a gravity on account of the many evil consequences which may follow in its wake. Dr. Bonnifield did not enter into the field of the literature of the subject, knowing his hearers to be amply acquainted with that. The first question to be decided was, Is prevention possible? for the treatment of abortion included also its prevention. The amount of hemorrhage, severity and duration of pains, and the degree of dilatation are questions to be considered. Secure rest of body, mind, and nervous system. Secure this by a hypodermic injection of morphine, followed up by opium, per os or rectum; and, if the patient be a nervous one, chloral and bromide. If uterus retroverted or flexed, correct at once.

Dr. E. S. McKee, of this Society, reports a case where abortion was repeatedly prevented by the use of dioviburnia, made by the Dios Chemical Company, of St. Louis, in dessertspoonfuls three times a day. Viburnum prunifolium is also strongly recommended by Jenks and others. Abortion being recognized as inevitable, the hemorrhage severe, and the cervix dilated, the ovum should be detached and delivered at once. Otherwise, the expectant course is the best, though the patient must not be left long at a time by her attendant. Hemorrhage profuse and cervix not sufficiently dilated to allow of immediate delivery, tampon with absorbent cotton, tampons immersed in an antiseptic solution. Very careful directions as to tamponade were given. He prefers to dilate with an instrument in preference to a tent, as it is more aseptic and more rapid. He doubts the wisdom of the advice of many wise men to administer ergot while tamponading, and never follows this

advice. Uterine contractions due to ergot are of a constant, unremitting character, that are not conducive to the detachment of the ovum in its entirety. The exceptions to the rule, give ergot only when the uterus is empty, are few indeed. The doctor favors the immediate removal of the retained products of conception. He believes it can be done with perfect safety, provided it is done with ordinary skill, and antiseptically. If the conditions are favorable, the finger is the instrument best adapted to explore and to clean out the uterus. In a large proportion of cases the condition of affairs is such that it becomes necessary to employ some other instrument. He has found the placental forceps of Dr. Reamy to act with great success, which forceps he described, together with the method of their use. The three points of merit in the instrument are its simplicity, safety, and efficiency. Creolin he finds a very reliable antiseptic for the obstetrician's use, and advises the uterus to be washed out with it after being emptied. It is not toxic. The after-treatment is the same as of a woman at full term, careful attention being given to the work of involution, which seems loth to begin.

The discussion which followed this paper was very interesting.

Dr. C. D. Palmer favored the use of viburnum prunifolium to prevent abortion, and chlorate of potash in habitual abortion.

Dr. T. A. Reamy had no faith in viburnum prunifolium, but spoke earnestly in favor of his forceps for removing the remains of an abortion, which instruments had been passed over by nearly all of the other members of the Society for the ever-ready forefinger.

Dr. McKee assented to the mention of the favorable results attained by him in the use of dioviburnia, which good results had since been frequently duplicated. He remembered reporting to the Cincinnati Academy of Medicine a case of habitual abortion very successfully prevented by the chlorate of potash.

Uterine Displacements formed the topic of an interesting discussion in the Washington Meeting of the Obstetric Section, American Medical Association. Papers were read by Drs. W. J. Asdale, Pittsburg; J. H. Kellogg, Battle Creek, Mich., and C. R. Reed, Middleport, Ohio.

In concluding the discussion Dr. W. J. Asdale, Pittsburg, said: In over twenty-five years of professional work his accumulation was large. In almost all cases pessaries had proven inefficient as a cure, and sometimes positively injurious. He was unwilling to allow that the unsatisfactory results of his experience had occurred through lack of tact and ill adaptations. He believed his own to be the common experience and the sum of the experience of all, and that which the great body of capable and earnest workers in gynecological practice find so difficult to learn and so generally unaccomplished, must be impractical and erroneous. He could not say with Fritsch that he had spent ten years in learning the treatment by pessaries, but he agreed with that distinguished gynecologist that it is easier to perform a laparotomy than to apply a well-fitting and serviceable pessary.

His object in introducing the subject had been accomplished. He was gratified that in the discussion here the great weight of testimony had been developed in support of his declaration as to the general inutility and frequent harmfulness of pessaries.

He had proposed ventral suture for but a limited number of cases, but these were the worst cases, a class hitherto practically quite abandoned to their sufferings, viz., the extreme conditions of complete prolapse and of flexions with impaction; cases in which, in his judgment, no other management could be effectively employed. The results of hysterorrhaphy in his own cases had thus far been so happy that he felt justified in urging the adoption of this mode of treatment for the aggravated cases.

Dr. Asdale commended the paper of Dr. Kellogg. All can unite in condemnation of the corset and high-heeled shoes, and in advocacy of hygienic laws in application to occupations and care of body for women.

Dr. Julian W. Carpenter, Cincinnati, O.: Exceptions are often as valuable aids to diagnosis as rules. Were there no exceptions medicine would be an exact science, and instead of having only the average result for a starting point in all cases, every diagnosis would be as certain and easy as mathematics.

Prominent among the causes of sterility are anteflexion, extremely small os and conoidal cervix, the last stated by some authors to be the most common of all. Any one of these being a sufficient cause, what would be thought of a patient having all three of these peculiarities. Many cases like the following would necessitate rewriting all the text-books.

Mrs. H., thirty-three years of age, came for an examination for this reason. She was troubled at times with a cramp and burning sensation in the right thigh, in a spot about the size of a hand. Having tried various remedies without relief, she wondered whether it could in any way be due to internal trouble. An examination revealed the following conditions: A sharp anteflexion at the junction of the cervix and body; a greatly elongated and conoidal cervix, nearly two inches in length, with an os of the very smallest size. Close questioning elicited the following information. She never had dysmenorrhœa to any extent, nothing that could be called pain, only a little discomfort at first and that had grown less each year. She never had uterine catarrh, or any symptom to call her attention to the internal organs. Were it not for the cramp referred to, an examination would never had been considered.

I explained her formation to the patient, and told her the rule was that a person with any one of these peculiarities did not have a family, and that having all three, her prospects were meager. To see whether the cramp was a reflex from some internal pressure, a few weeks' treatment was given, but it made no change in affairs. Electricity applied to the affected limb gave some temporary relief.

A year later she returned for another examination, and was glad to be told that she was pregnant. Two other physicians saw her between that time and the birth of her child, and each spoke to her of the peculiar cervix. The birth of the child took place in another city, but the report was as one would expect. The first stage was very tedious, lasting three days, though there were no severe pains. The contractions of the second stage accomplished nothing. The patient was closely built and fleshy. Instrumental interference proved necessary, with high application of the forceps. The weight of the child was ten pounds. The mother made a good recovery.

The patient was seen recently again when the child was two and one-half years old. The cervix is now of ordinary length, and a very slight anteflexion exists at the junction of cervix and body. A laceration on the left side extends nearly the length of the cervix, but there is neither catarrh nor erosion, and the patient says she is in good health.

Another interesting point is, that the cramp in the limb grew much more severe before the birth of the child, but since that event it has never returned, indicating that it was without doubt a reflex from the peculiar internal condition.

Dr. Thomas Opie, Baltimore, said: In the cases of hysterorrhaphy for retro-displacements, as narrated by Dr. Asdale, it seems to have been his practice to remove the ovaries in all cases. Would it not be possible, and if no better practice, in certain cases to break up existing adhesions of the uterus and ovaries, and pin the intact organs forward by the round ligaments so that the fundus may form an attachment to the abdominal incision?

I am sorry that Dr. Kellogg has so slandered American women, for I have always, from my youth up, admired slender waists. I think that in many of these cases disorders are not due to tight lacing, but to troubles which arise in the pelvis.

Dr. W. H. Humiston, of Cleveland, said: I cannot agree with Dr. Reed on the use of pessaries. He must have a far different class of cases than mine if he can shove in a pessary regardless of the inflammatory condition of the appendages and get good results. Cases of this kind, for good reasons, will not tolerate a pessary. I use pessaries temporarily after I have subdued the congestion, curetted the uterus and repaired the lacerated cervix. I find that after a short time, the uterus is so much reduced in size and weight, that it will remain in place without artificial support. I always place the patient in the knee-chest position and replace the uterus completely, before introducing the pessary.

Dr. Joseph Eastman, Indianapolis, said: I recognize Dr. Reed as the gentleman whose paper I defended before this Section at St. Louis some years ago. I mention this to the end that the doctor may not think me prejudiced. I feel that it is my duty to condemn his paper and his treatment at the present time. Patients have been treated in the manner which he describes for centuries. Where the uterus was really cancerous they have gone on and died just the same. We now have another treatment or trial—total extirpation of the uterus. That is the best palliative treatment, and, at the same time, it offers a hope of cure. The doctor talks as if hysterectomy were a most dangerous operation. I have had no deaths in my last twenty-one cases. I am opposed to the doctor's treatment because it comforts while the day of grace passes rapidly by. We must make an early diagnosis. I am willing to make a mistake occasionally and remove a uterus not yet cancerous (when the organ is making the woman a physical wreck) than wait until the perimetrium is involved.

Dr. Jno. H. McIntyre, of St Louis, said: Previous to the last ten years I used a great many pessaries, and I believe I know how to adjust them properly. Since that time I have not introduced them, but I have removed a great many. I have a big drawer full of them at home and many of them are the Hodge. I am a firm believer in ventro-fixation. I consider aseptic pledgets of wool saturated with boro-glycerine, much better than any pessary. The dependence upon pessaries, may be likened to a man who cannot swim, who, when thrown into deep water, must have a plank to keep him up; teach him to swim and he needs no plank. Relieve the inflammation, the engorgement, the congestion, the weight of the womb, and your patient needs no pessary. I believe that pessaries have done more harm than good, and that womankind would be better off if they had never been thought of.

Dr. C. R. Reed, Middleport, O., said: There is probably no subject in gynecology on which so much has been written, so many instruments and appliances invented, for which so much money has been expended, as that of uterine displacements. The idea which prevails with many physicians, that all that is needed to relieve displacements is to push a pessary into the vagina and let it adjust itself, is the cause of failure in obtaining success with these instruments. If the pessary is of proper size and shape, and correctly placed, if it be occasionally changed in shape, width, and length, we will almost always get good results, if we persevere in their use. In my opinion, nothing has ever been invented which was such a boon to suffering woman as the "Hodge lever pessary," with its various modifications. If physicians do not get good results from the lever pessary, in my opinion they do not know how to use it. (A quotation was given here from Emmet's Gyn., p. 302.) I commenced using the various forms of the lever pessary over twenty years ago, and no instruments or surgical appliances have given me greater satisfaction than this. Each individual case of displacement must be studied by itself, and the pessary carefully adjusted to it. We will be generally satisfied with the result, if the case be one of displacement only.

Dr. I. S. Stone, Washington: I think pessaries satisfy the mind of patients, and in this way do more good than in any other. I think displacement, less than peridentia, does no harm, unless other organs and tissues adjoining are diseased. The only cases cured by the pessaries are those followed by pregnancy. I would do hysterorrhaphy if there seemed a chance for success.

Dr. McIntosh, South Carolina: The current is now setting the other way, and I verily believe it has gone too far. I rise to give my evidence in favor of the much-abused instrument. I have done much good with it.

Dr. J. M. Baldy, Philadelphia: I have done much good with pessaries. It has been my experience that uncomplicated retro-displacements give no symptoms. A pessary is sometimes invaluable as a temporary relief of symptoms. The pessary should be frequently removed, washed, and returned. As to hysterorrhaphy, the uterus is not an abdominal organ, and the moment we make it one we will have trouble. Adhesions above will harm as well as below. I do not do hysterorrhaphy. I am not willing to put the uterus in a pathological position.

Dr. John Crawford, of Illinois: It is very evident that the men who have been doing the talking here are men who have been practicing in cities or sanitariums. In the country we cannot see our patients every day, and hence find pessaries useful. I prefer a Hodge to wool. Dr. Kellogg has given us a hint. We must remove the cause, and we do not need the remedy. Constitutional treatment is worth all, if used in time—that is, with the girl or woman after first confinement.

Dr. Davis, Philadelphia: I have removed pessaries introduced by Smith several years ago. In Karl Braun's clinic I saw Hodge's pessary used frequently, and wrong end, too. There are not many cases on record of pregnancy after hysterorrhaphy; the anterior uterine wall had become thin, and uterine rupture was threatened.

Dr. A. P. Clark, of Cambridge, Mass.: I once removed a pessary which had been in situ for fifteen years.

Dr. Williams, of Baltimore: In the last number of the *Centralblatt fur Gynekologie* are reported fifteen cases of pregnancy following hysterectomy, and the course was favorable. The report was made by Saenger.

Dr. Henry O. Marcy, Boston: We men are at fault for the way women dress and displace their uteri, for it is to please us men that the dear little creatures harness themselves up so.

NAPHTHALINE AS A VERMIFUGE.—According to Dr. Mirovich, of Biêlsk, naphthaline is an admirable remedy not only for ascarides, but for tapeworm. He considers it much more certain and far less poisonous than most of the other vermifuges. For grown up people he prescribes a 15 grain powder, to be followed immediately by 2 ounces of castor oil. For two days before this dose the patient is directed to live on salt, acid and highly seasoned food, then the naphthaline is given fasting early the following morning. In the case of children naphthaline may be mixed with castor oil, flavored with a drop or two of bergamot. In all the cases in which this plan was carried out, including some in which more ordinary means had failed, the whole tænia was expelled with its head after the first dose.—*Lancet.*

OPIUM SMOKING IN PULMONARY TUBERCULOSIS.—I have very little faith in the reported evil effects of opium smoking. I have tried it for the relief of pain and have found it beneficial, though of decidedly feeble action as a narcotic. As applied to the use of tobacco, the term generally means simply tobacco burning. Real smoking means inhaling the tobacco into the air passages, not simply drawing the smoke into the mouth and puffing it out again. This latter process is that which is adopted by the great majority of smokers of tobacco. Inhaling the fumes produces in the case both of tobacco and of opium much more marked effects. It is this that the Chinaman does. He does not "swallow" the smoke, but he "inhales" it. It seems to me that merely "mouthing" the smoke of the medicated tobacco cannot be nearly so useful as "inhaling."

—W. Henry Kesteven, in the *Lancet.*

MAXILLARY ABSCESS.—The second patient was a female, forty-four years of age, who had a large abscess of the superior maxilla, the result of diseased teeth. This condition, the operator stated, may be due to caries of the teeth, or to pathological changes occurring in the structure of the bone itself.

The treatment of this abscess consists either in puncture or incision, and the extraction of one or more of the teeth, if they be found to be connected with the origin of the disease. If free drainage be established by an early incision, the arrest of the disease is practically secured. Dr. Wyeth stated that the treatment of this case consisted in the establishment of free drainage by an incision over the abscess, the extraction of the first or second molar tooth, and, if necessary, the removal of a portion of the alveolar process with the forceps. It was also important to explore the cavity with the finger, to determine the presence of dead bone or other offending matter. Free drainage would be maintained until complete recovery had been brought about.

The abscess was then opened under cocaine anæsthesia, a soft rubber drainage tube inserted, and the cavity thoroughly irrigated with a 1 to 2,000 bichloride solution. A safety pin was then placed at the external end of the tube, and a strip of iodoform gauze between it and the skin. Over this was placed the ordinary bichloride gauze dressing, which was secured by a roller bandage.

—Wyeth, *Int. Jour. Surgery.*

NEW REMEDIES—A LIST OF THOSE MORE RECENTLY INTRODUCED, THEIR ACTION AND POSOLOGY.—At a recent meeting of the Chemists' Assistants' Association (London), Mr. H. Helbing read a paper on "New Remedies," to which he appended the following list, which will be found useful as a matter of reference:

Acetanilide	Analgesic and antipyretic	2 to 5 grs. per os.
Acetylphenylhydrazin	Antipyretic and analgesic	3 to 5 grs. per os.
Agaricine	Antisudorific in phthisis	½ gr. per os.
Amylene hydrate	Hypnotic anodyne	½ gr. to 1 dr.
Anthrarobin	Against skin diseases	
Antipyrine	Antifebrile and anodyne	15 to 30 grs. per os. or subcutaneously.
Aristol	Antiseptic and in skin diseases	
Benzoyl anilide	Antipyretic	1½ to 5 grs. per os.
Benzoylgaiacol	Antituberculotic	4 to 10 grs. per os.
Betol	Antigonorrhoic	In bougie.
Bismuth salicylate	Against gastric affections	6 to 15 grs. per os.
Bromoform	Against pertussis	1 to 2 min. per os.
Camphoric acid	Antisudorific in phthisis, etc.	30 grs. per os.
Cetrarin	Stomachic	2 grs. per os.
Chloralamide	Hypnotic	30 to 45 grs. per os.
Chloralurethan	Hypnotic	15 to 45 grs. per os.
Creolin	Antiseptic	5 min. internally.
Creasote	Antituberculotic	3 min. per os.
Ethylenimine hydro chloride	General stimulant	⅙ to ⅓ gr. subcutaneously.
Exalgine	Analgesic	4 grs.
Guaiacol	Antituberculotic	1 min. per os.
Hydrastinine	Against uterine hemorrhage	1 gm. subcutaneously.
Hydroxylamine	Against skin diseases	Externally.
Hydracetin	See acetylphenylhydrazine	
Hypnone	Hypnotic	3 to 8 min. per os.
Ichthyol	Antirheumatic; against sciatica, erysipelas, skin diseases	Externally and 4 to 20 min. per os.
Iodine trichloride	Antiseptic	Externally in 1 per cent. of solution.
Iodoform bituminate	Antiseptic	Externally.
Iodol	Antiseptic	Externally.
Lanoline	As an ointment base or vehicle for other medicaments	
Mercury phenate	Antisyphilitic	⅓ to ½ gr. subcutaneously.
Mercury peptoglutine	Antisyphilitic	⅙ gr. subcutaneously.
Mercury salicylate	Antisyphilitic	⅙ to ⅓ gr. subcutaneously.
Mercury succinimate	Antisyphilitic	
Methacetin	Antipyretic	3 grs. per os. for children.
Methylal	Hypnotic and anæsthetic	15 to 30 grs. per os.
Methylene blue	Analgesic	8 to 15 grs. per os.
Methylene chloride	Narcotic anæsthetic	
Monobromacetanilide	Analgesic	1 to 8 grs. per os.
Myrtol	Antiseptic in phthisis	5 min per os.
Naphthalene	Antiseptic	2 to 8 grs. per os.
Naphtholic acid	Antiseptic and antiparasitic.	
Naphthol	Antiseptic	
Naphthol camphoratum	Antiseptic antituberculotic	Subcutaneously.
Orexin hydrochloride	Stomachic	⅝ grs. per os.
Paraldehyde	Hypnotic and sedative	15 to 45 min per os.
Phenacetin	Antipyretic, antineuralgic	8 to 20 grs. per os.
Phenylurethan	Antifebrile, antirheumatic	6 to 8 grs. per os.
Piperazide hydrochloride	General stimulant	Externally.
Pyoctanin	Antiseptic	
Pyridine	Antiseptic	1 to 1½ drs. by inhalation.
Pyrodin	See acetylphenylhydrazine	
Resorcin	Antiseptic antifermentative	
Rubidium ammonium bromide	Antiepileptic	½ to 1½ drs. per os.
Salipyrin	Antifebrile, antirheumatic	15 grs per os.
Salol	Antiseptic antigonorrhoic	15 to 30 grs. per os.
Sodium theobromine salicylate	Diuretic	8 to 15 grs per os.
Sodium anisate	Antipyretic, antirheumatic	15 grs. per os.
Sodium dithiosalicylate	Antipyretic, antirheumatic	3 grs. per os.
Sodium paracresotate	Antipyretic, antirheumatic	8 to 15 grs. per os.
Somnal	Hypnotic	30 min. per os.
Sozoiodol	Antiseptic	Externally.
Sulphaminol	Antiseptic	Externally.
Sulphonal	Hypnotic	15 to 30 grs. per os.
Terpene hydrate	Against pulmonary affections	3 to 16 grs. per os.
Terpinol	Against pulmonary affections	2 min. per os.
Tetronal	Hypnotic	15 to 30 grs. per os.
Thallin sulphate	Antigonorrhoic	Injection.
Thiol	Ichthyol substitute q v	
Tribromphenol	Antiseptic	Externally.
Trional	Hypnotic	15 to 30 grs. per os.
Thioresorcin	Antiseptic	
Urethane	Hypnotic	15 to 40 grs. per os.

MERCURIAL OINTMENT IN GLANDERS.—Dr. Gold, of Severinovka, near Odessa, has been fortunate enough to cure two cases of glanders occurring in peasants, by means of rubbing in strong mercurial ointment. In both cases there was bronchial trouble, pyrexia, and a considerable number of indurated nodules, as well as soft, fluctuating, and even phlegmonous swellings all about the body. The examination of the purulent and serous contents of these at the Odessa bacteriological station showed the presence of the virus of glanders, as animals inoculated from cultures succumb to a disease typically resembling glanders. Half a drachm of very strong mercurial ointment was rubbed in twice a day in each case for about a month, when the cure was complete. The effect on the mouth was combated with chlorate of potash gargles, and the suppurating spots were treated by poulticing, incisions, washing out with solutions of perchloride of mercury, and dressed with iodoform gauze. The first of these two cases was treated in 1888; the patient is still alive and in the best of health. Dr. Gold has had some thirty cases of glanders in his practice, all of which have proved fatal except these two. The idea of using mercury was suggested to him by the fact that in some respects there is a similarity between glanders and syphilis, and by the active microbicidal properties of mercury.

—*Lancet.*

PEROXIDE OF HYDROGEN IN GYNECOLOGY.—The value of peroxide of hydrogen as a detergent and purifier has long been known, and when applied as a dressing to foul ulcers (syphilitic or otherwise) has given good results. Some time since, while treating a case of sepsis, in which pus was freely discharging from abraded surface on vaginal wall, I thought I would try the effect of the peroxide. I had previously had the part twice daily syringed with weak solutions of carbolic acid, iodine, sanitas, and Condy's fluid, without much effect. I found the solution of peroxide act as a charm in checking the secretion gradually, cleansing and healing the abraded surface, and producing no irritation; and I venture to suggest it as a suitable application, more especially to the female genital tract. One teaspoonful added to half a pint of warm water, gradually increased in strength, will, I feel sure, be found a valuable addition to the many antiseptics used in such cases. I may also suggest that in all cases where there are symptoms denoting septic absorption during the lying-in period, a close examination of the vaginal walls and cervix uteri for tear or abrasion should be made, and, when discovered, the part thoroughly cleansed and cauterized with strong carbolic acid. I believe I can attribute the recovery of more than one patient, whom I had been called to see in consultation, to the adoption of this plan. But I much prefer the prevention of such accident by flushing the uterus with hot water directly after labor, examining at the same time for any tear or injury, and cauterizing or suturing the surface then and there. I hope the suggestions thrown out may be found of value in practice by both the obstetrician and gynecologist, and contribute in some measure to the alleviation of suffering.—Alex. Duke, in *The Lancet.*

SPECIFIC MEDICATION.—The remedies indicated in some cases of enuresis are:

Belladonna, when the incontinence is due to an enfeebled pelvic circulation or spinal congestion; gtt. x to water ℥iv; dose, teaspoonful.

Epigea repens, debility and relaxation of the bladder with irritable mucous membrane.

Nux, a stimulant especially adapted to chronic cases, in which it gives prompt relief.

Santonine, of great value in retention of urine, but also useful in some cases of enuresis depending upon irritation of the vesical sphincter.

Thuja restrains enuresis, both the bed-wetting of children and the dribbling of the aged, unless paresis exists.—Howe. Dose, gtt. j to iij every four hours.

Another addition to the color treatment of disease has been made in the use of indigo for amenorrhœa. Several very flattering reports of its successful use have appeared, but the exact conditions in which it proved beneficial have not yet developed.

Cascara sagrada is indicated in constipation due to nervous and muscular atony of the lower bowel, with diminished sensibility; constipation depending on indigestion and neglect of nature's calls.

Nux, constipation with a feeling of fullness in right hypochondriac region; pain in shoulder and side; sallowness of face; yellowness of eyes; yellow coat on tongue. Dose, j to iij gtts. three times a day.

Æsculus, constipation with lowness of spirits, vertigo, gastric derangements, hemorrhoids, hard and difficult stools. Dose, gtt. x three times a day.

Rheum, constipation with unnatural sensation of constriction in the stomach and bowels, and contraction of the abdominal muscles.

Euonymus, constipation with torpidity of the liver, and general debility. Dose, ʒj to ʒss three times a day.

Juglans cinerea, constipation attended with flatulence, gastric irritability, and acid eructations coming on after diarrhœa. Dose, gtt. x thrice daily.

Podophyllin, constipation with dyspepsia, hepatic torpor, general fullness of tissues, and headache. One-tenth of a grain three times a day.

The latest conclusions reached by those engaged in the study of the bacillus diphtheriticus are that diphtheria is an intoxication caused by an extremely active poison which is formed by a microbe in or near the point of inoculation. When this poisonous substance is cleared of bacilli and injected, it will produce diphtheria. The bacillus thrives in an alkaline medium, while acids kill it. This would seem to suggest an acid treatment for this disease.

Dioscorea villosa, is indicated in bilious colic, colic from the passage of gall stones, colic with sharp, cutting pains in the abdomen; pain of a tearing character, aggravated by walking; nausea and vomiting, with yellowness of the skin.

Hydrangea arborescens will prove of great benefit in cases of urinary calculi and stone in the bladder. While it does not seem probable that this remedy could dissolve a stone, especially in the small doses in which it is given, still the fact remains that, under the use of small doses of hydrangea, the concretion does break up and pass away in larger and smaller particles. The size of the dose will vary in different cases—from ten to thirty drops three or four times a day.

Inflammation of the testicle, gonorrhœal or otherwise, is an indication for the use of pulsatilla. No other internal remedy is needed when the symptoms are those of simple testicular inflammation. We do not believe in prescribing at names, but prefer to particularize the symptoms of morbid conditions and meet them singly. In the case of orchitis, however, we can retain the name, and prescribe for the totality of symptoms with the one remedy. Indications for pulsalilla, orchitis. This, with cooling lotions, suspension, and strapping, will cure the disease.

—*Eclectic Med. Jour.*

COPPER IN THE TREATMENT OF DISEASES OF PLANTS.—Freshly precipitated and moist copper hydrate seems likely to occupy a place in agricultural science next in importance to that of manure. A mixture of lime and copper sulphate has been employed, for some time now, with success, as an insecticide or germicide in the treatment of disease of the vine, potato, and tomato; and quite recently M. Aimé-Girard applied the same mixture to sugar beet plants threatened with the attacks of a specific fungus, which gives rise to the disease known as "peronospora Schachtii." Three per cent. solutions each of copper sulphate and lime are mixed with water, and the mixture sprayed on the crop with an apparatus which a laborer can carry on his back, so enabling him to dress four rows of beets at a single operation. Under this treatment the disease is said to be effectually stayed, the leaves to become more luxuriant, and the stalks to be so preserved that those attacked grew richer in saccharin constituent, while the proportion of sugar in the root was found to have increased 1.58 per cent. All this must be of special interest to the sugar grower, whose loss from this cause is often considerable; but it cannot fail also to engage the attention of the agricultural chemist. As every student of elementary chemistry knows, lime-water (hydrate) and copper sulphate give calcium sulphate and copper hydrate; but it is to the latter body, of course, that the fungus-destroying action is due. Copper hydrate would appear to act on fungi as a weak solution of perchloride of mercury, without, however, affecting the growth or life of the plant, and its action may possibly be akin to that which takes place when it is added to solution of peptone-albumose. With this body it combines to form an insoluble compound—a reaction which has been taken advantage of in the separation and estimation of this variety of peptone. The effect, however, of using copper compounds for purposes of the kind above mentioned, must be watched with due care, as plants are known to assimilate the metallic salts with readiness. Cereals, for instance, have been found to derive an important quantity of copper from the soil, and in view of the enormous consumption of sugar by infants, as well as by invalids, the question may possibly become of no little moment, upon the merits of which chemical analysis will, in course of time, decide.—*Lancet.*

INFLUENCE OF MINERAL CONSTITUENTS OF THE BODY UPON IMMUNITY FROM DISEASE.—In the present paper we intend to consider the effect of potash, reserving for another communication the effect of lime, magnesium, and alumina, as our experiments on them are not yet concluded. In February of this year we commenced the research by feeding a number of guinea pigs with bran containing potassium chloride (30 to 60 grammes per kilo.). They took this food readily, and were fed on it and on cabbage for periods varying from three weeks to three months. They all maintained excellent health and in no case lost weight. The animals were then inoculated with anthrax, controls being also inoculated with the same virus. We think our method of feeding the animals preferable to that adopted by MM. Fodor and Chor, as in every case the animals remained in perfect health till inoculated. The results were as follows:

(*a*) Six guinea-pigs, fed with potassium chloride for periods varying from three to six weeks; three control animals fed in the ordinary manner. Inoculation with a virus (proved to be fatal to rabbits in three days) caused development of anthrax in all the animals, so that all died in from forty to forty-eight hours.

(*b*) Six guinea-pigs were fed with potassium chloride during two months; six control animals were fed in the usual way. Inoculation with a feebly virulent anthrax (Pasteur's second vaccine) proved fatal to all in from forty-four to seventy hours. Four of the prepared animals died before any of the controls.

(*c*) Two guinea-pigs, fed (with a short intermission) with potassium chloride for three months, and one control animal, were inoculated with the second vaccine anthrax. One of the prepared animals was moribund in forty-four hours, the other two being found dead next day. Typical cultures of anthrax were obtained from all the animals mentioned above.

The result of our experiments is that saturation of guinea-pigs with potassium chloride in no way confers immunity against anthrax—in fact, that in animals thus prepared death occurs more rapidly than in control animals. This result may be due either to a positive action of the potash itself or its having tended to cause elimination of other bases, such as sodium or calcium. We think it is just possible that if the food of Fodor's animals happened to contain a large proportion of potash salts, the comparative immunity produced in them by the injection of soda might be due, not to any positive action of the soda, but simply to its tending to displace a certain proportion of potassium from the body.

Our experiments upon the action of calcium, magnesium, and aluminium are now in progress, and we hope shortly to communicate the results of them.

—Lauder Brunton, *Brit. Med. Jour.*

EFFECT OF QUININE ON THE HEALING OF WOUNDS.—Dr. Sokoloff has published some interesting observations on the effect of quinine administered to a wounded animal on the granulation and cicatrization of the wound. The experiments were conducted on rabbits. The fur was shaved from a portion of the paw, and an incision made through the skin and into the muscular tissue, the external wound being then sewn up and the whole dressed antiseptically. Subsequently microscopical observations were made in sections, including the wound. Twenty-four rabbits which were experimented on in this way were treated with hydrochlorate of quinine, ½ a grain of which was given per diem for each kilogramme of body weight. A similar number of control rabbits were operated upon in precisely the same manner, but were not given quinine. Dr. Sokoloff gives a detailed description of the microscopical appearances observed each day for eight days in the two set of cases. The effusion of blood was much the same in both, but there was a marked difference in the condition of the muscular tissue. In the control animals this lost its striped character, the portions in the immediate vicinity of the wound presenting the appearance of an amorphous homogeneous substance containing here and there a few muscular fibers, or breaking up into separate pieces as in coagulation necrosis. Besides this, the muscular tissue gradually disappeared, leaving sheaths of sarcolemma either empty or filled with cells. In contrast to this state of things, sections taken from the animals treated with quinine presented little or no sign of muscular degeneration, the fibers preserving their proper structure. With regard to the cellular elements in the control animals, two forms were found in the neighborhood of the wound—a large number of multi-nuclear leucocytes, and a much smaller number of large round or oval cells with a

single large nucleus. The mean diameters of these cells after three days were 19μ and 16μ, after five days 17μ and 13μ, and after eight days 18μ and 15μ. During this period the nuclei presented various karyokinetic figures. In animals treated with quinine there were no multi-nuclear cells, all being oval, with a single nucleus and smaller than the corresponding cells in the control animals, the mean diameters being after three days 13μ and 10.5μ, after five days the same, and after eight days 14μ and 11μ. The cells were, moreover, more numerous than in the control observations. In the quinine-treated animals, the karyokinetic process commenced and finished earlier than in the others, the chromatin filaments being also less numerous but thicker. Altogether there was less inflammation with quinine than without; in short, without quinine there was Zenker's degeneration; with quinine, none.

—*Lancet.*

CHEST WOUNDS.—A case of stabbing, between the fourth and fifth ribs, in front of the anterior axillary line on the left side, was accompanied with localized emphysema. While there was evidence of sanguineous effusion in the pleural cavity, the bleeding was profuse externally.

There was slight dyspnœa upon lying down, which was relieved in the sitting posture. The wound was closed by adhesive plaster with a compress and bandage, and the patient recovered without any untoward symptom.

It has not been found necessary to use stitches in these wounds inflicted by the thrust of a knife blade, as the coaptation is effected by the above process, so as to hermetically close the opening in the chest.

In another case a stab was inflicted between the sixth and seventh ribs on the left side, near the margin of the scapula, from which blood and air escaped at each inspiration, with considerable accumulation of blood in the pleura, and hæmoptysis. The external wound was closed immediately after a gush of blood and air from the opening. The patient became more quiet afterwards. This case was accompanied with traumatic pneumonia and marked constitutional disturbance, but ultimately recovered.

A third case came under my observation in which a knife blade entered between the fifth and sixth ribs on the right side, penetrating the lungs and attended with the accumulation of blood in the pleural cavity. There was no very marked dyspnœa, and as the flow of blood externally gradually diminished with the dependent position of the wound, it was not thought that closure of the opening was indicated. Inflammatory symptoms soon developed, with subsequent adhesion of the pulmonary and parietal pleura. In the end, suppuration of the lung found its way through the external opening. A weak solution of carbolic acid was injected into the suppurating tract daily, and the healing process progressed favorably, so that there remained eventually but slight impairment of the lung from the injury.

The inference from these cases goes to prove that suppuration is more likely to occur when the incised wound is left open than when it is closed immediately and kept occluded.

A fourth case was seen some days after a stab had been inflicted between the seventh and eighth ribs, and there was a protrusion of a small globular mass of pulmonary tissue from the wound. As it had occurred shortly after the injury, and was tightly constricted by the margins of the wound in the thoracic wall, the neck of the hernial tumor was encircled with an elastic ligature, as most likely to effect a prompt and safe detachment of the mass. In a few days it separated, and there was no further trouble with the case.—Gaston, *Jour. Am. Med. Assoc.*

SUSPENSION IN ATAXY.—I have thought it desirable in the further analysis of the cases to divide them according as they fell into one of the three groups or stages now generally recognized as belonging to tabes dorsalis. These are:

1. The pre-ataxic stage in which ataxy of movement is not present, or is only very slightly marked, but the existence of the disease is shown by the occurrence of more or fewer of the following symptoms: Loss of knee-jerk or of other tendon reflexes, inequality of pupils, Argyll Robertson phenomenon, myosis, atrophy of optic discs, oculo-motor paralysis, Romberg's symptom, lightning pains, gastric crises, disorders of micturition, affections of common sensation, girdle pain, etc.

2. The ataxic stage, in which locomotor ataxy is a striking feature; and

3. The stage in which the patient is either unable to walk at all, or only with great difficulty, with the aid of others. I may state parenthetically that it is not meant to imply by the expression "stages" that the first must necessarily pass into the second stage, for many cases remain in the first stage and never develop marked ataxy. Of the twenty-four patients, twelve were in the pre-ataxic stage, and the following table gives the result with the duration of the disease in years:

Duration of disease.	No. of cases.	Result.
1 year	1	Good, but relapsed, improving again under a second course of treatment.
2 years	4	In one good, another improved, in two nil.
5 years	1	Good.
6 years	3	One improved, one better at first, but relapsed at once, and in the third improvement, but still under treatment.
10 years	1	Improved.
12 years	1	Nil.
20 years	1	Good; relapsed and improved again.

Total result: Good in four; two, however, relapsing and improving under second course; improvement in three; nil in four; one too soon to judge of the lasting result. Eleven were in the ataxic stage, and are arranged according to the duration of the disease.

Duration of disease.	No. of cases.	Result.
5 months	1	Improved, but lost sight of.
2 years	2	One slight partial improvement; one nil.
4 years	2	One improved for eight months, then relapsed, and is again improving under treatment; one nil.
5 years	2	Nil, one good.
7 years	2	Two nil, one better for very short time.
8 years	1	Nil.
9–10 years	1	Slight improvement; still under treatment.

Total result: Good, one; improved, three; of whom one relapsed; slightly improved, one; nil, six.

—J. Michell Clarke, in *The Lancet.*

TREATMENT OF ABORTION.—As there is very little difference of opinion regarding the preventive treatment, it will not be mentioned, but only the management of cases in which the symptoms of abortion have actually presented themselves.

Rupture of the membranes and death of the embryo render abortion inevitable. If the hemorrhage has been slight, and there is reason to think that the ovum is still intact, a full dose of morphine is given and the patient is kept absolutely quiet in bed, hoping by these means to prevent further progress of the trouble. If it is certain that the patient is going to abort, and she is suffering from severe pain with a rigid condition of the cervix, 5 grains of hydrate of chloral and 10 grains of bromide of potassium are given every half hour until four doses have been administered. In addition, to guard against hemorrhage, and stimulate contractions of the uterus, a tampon is introduced into the vagina, as follows: The patient is put in Sim's position, the vagina is thoroughly douched with an antiseptic solution, iodoform gauze is passed as far as possible into the cervical canal, and packed around the cervix; the vagina is thoroughly filled with tampons that have been soaked in an antiseptic solution, preferably a saturated solution of boracic acid. As much of the fluid as possible is squeezed out of the tampons before they are inserted; but I always use them wet, as dry cotton will not hold blood. The tampon is allowed to remain in position for a few hours to twenty-four, depending upon the amount of pain, and when it is removed the abortion is, as a rule, found completed. If the tampon is not tolerated, dilatation of the os can frequently be assisted by hot antiseptic douches given at regular intervals.

If, as occurred in a case that has been cited, after giving the uterus a thorough chance, it is unable to empty itself, the cervix is dilated, with the fingers if possible, if not, by the use of dilators (never tents), and is then emptied of its contents. When a part of the products of conception are retained, and the uterus ceases to act, the remainder of its contents are removed, if possible. before the cervix contracts.

In removing anything from the uterine cavity, strict antiseptic precautions are taken, and an antiseptic intra-uterine douche is given after the organ has been entirely emptied.

When possible, everything is removed with the unaided finger, but if necessary, forceps and the dull curette are used. Nothing is grasped with the forceps unless the finger, at the same time, is on the object grasped, and then traction is only made after it has been positively determined that the uterine walls are not in the grasp of the forceps. After the uterus has been entirely emptied, and only then, ergot is given and continued for a week, for I think that Schroeder has conclusively shown that the contracted uterus does not absorb septic material nearly so readily as when relaxed. Lastly the patient is kept in bed until all vaginal discharge has ceased.

—Waldo, *Int. Jour. Surgery.*

DELIRIUM CORDIS OR TACHYCARDIA.—The case was presented by von Ranke, at Munich. The patient, a young girl of eleven years, whose father is perfectly healthy, and whose mother died in 1889 of an unknown heart-disease, is well developed, but somewhat anæmic, with slightly bluish cheeks, a sign so often indicative of cardiac disease. When presented, her heart was beating at a rate of 190 a minute, and the cardiac impulse could not only be felt at the thoracic wall of the left side, but also be very distinctly seen at a distance in the supraclavicular region of either side of the body. While the cardiac impulse was in this manner propagated at an equal rate to the subclavian arteries, it did not reach the radial arteries at its full speed. *On the contrary, the radial pulse showed only exactly half the number of cardiac contractions.*

The girl appeared well at ease when presented, but had been in a miserable condition when entering the hospital, two days previous. The heart was then beating at a rate of 220 per minute; there was considerable dyspnœa, angina-pectoris, anorexia, and even vomiting. These threatening symptoms all gradually disappeared after the enforcement of strict rest in bed, the application of an ice-bag over the cardiac region, and the internal use of digitalis.

The little patient has since her birth always been the subject of cardiac disturbances, and has had several acute exacerbations of the trouble. The records of the hospital show that the girl entered the institution once before, in 1887, with *not less than 240 heart-beats per minute.* While in 1887 neither structural changes nor a bruit could be detected, the present physical examination shows a very slight enlargement of the area of dullness toward the right, and an insignificant downward dislocation of the apex-beat. It also appears that there is a slight roughening of the cystolic heart sound. Outside of these comparatively trivial changes, nothing can be detected to account for the tempestuous action of the heart.

Delirium cordis is sometimes found as a transitory disturbance after considerable abuse of tobacco, and it sometimes attacks very nervous women; but the little patient subject to the rare disease does not know anything of the use of tobacco or abuse of alcohol, and she is anything else than of a nervous disposition, being quiet and gentle in a manner rarely found at her age. She—it may also be stated—has never had diphtheria, a disease which also sometimes, though rarely, is followed by delirium cordis, in consequence of a paretic condition of the pneumogastric nerve, brought about by degenerative processes of the nerve substance. The paretic conditions following diphtheria, formerly generally believed to be conditions of weakness only, in consequence of leucocythæmia, more than true paralyses, are, as has recently been shown, true paretic manifestations, dependent upon a degeneration of the nerve substance. If the vagus, after diphtheria, is degenerated, delirium cordis easily finds its explanation, the inhibitory nerve of the heart being paretic. In the case of the little patient, however, as reported above, there is nothing to show that the vagus is in such a condition, or to explain why it should be. The etiology, therefore, is completely dark. It is also a curious fact that the child is almost perfectly well at a very high rate of cardiac activity, and only becomes disturbed when the heart's action runs up to quite an exceptional speed.

—*Lancet-Clinic.*

ACTION OF NEW HYPNOTICS UPON DIGESTION. — *Chloralamide.*— The result of the experiments showed that:

1. Large quantities retarded the digestion of fibrin in the ratio of the quantity employed.

2. Small quantities, for example, up to 0.02 gramme, did not have any marked influence either in accelerating or in delaying the digestion of fibrin.

3. Putrefaction was not retarded by either large or small quantities.

Paraldehyde. — The result of the experiments showed that:

a. Large quantities considerably accelerated the digestion of fibrin, and that the rate of this acceleration was distinctly in ratio with the quantity used.

b. Small quantities also increased, but to a less degree, the digestion of fibrin.

c. Putrefaction was presented by the larger quantities of paraldehyde, and was delayed by the smaller quantities.

Urethane.—The result of experiments, which were conducted in similar manner, showed that:

a. Strong solutions—that is, 0.5 gramme, 0.25 gramme, 0.175 gramme—delayed digestion; that the stronger the solution the greater was the delay.

b. Weak solutions—that is, 1, 2 and 3 milligrammes—neither delayed nor accelerated digestion.

c. Neither strong nor weak solutions retarded decomposition.

Sulphonal.—Similar conducted experiments showed that:

a. Strong solutions, saturated or half saturated, considerably delayed digestion, and that the stronger the solution the greater was the retardation.

b. Weak solutions, such as $\frac{1}{16}$ or $\frac{1}{8}$ of a saturated solution, had little effect either in accelerating or delaying digestion, but when a solution of $\frac{1}{4}$ of a saturated solution was employed delay in digestion took place.

c. Strong or weak solutions had no marked effect in retarding putrefaction.—Gordon, *Brit. Med. Jour.*

GERMAN AND RUSSIAN NOTES.

HERMAN MARCUS, M.D.

SOZOJODOL PREPARATIONS.—*Acute Blenorrhœa:*

℞.—Zinci sozojodolici ..... gr. xv–gr. xxxv.
Aquæ dest..... ℥vj–℥iij.
Tr. laudani simpl..... ℥j–gr. xv.

Chronic Blenorrhœa:

℞.—Zinci sozojodolici..... gr. xx–xxx.
Bismuthi salicylici ..... gr. xxx.
Aquæ dest ..... ℥vj–℥iij.

Catarrh of the Nasal Mucous Membrane:

℞.—Zinci sozojodolici ..... gr. xv.
Glycerini,
Aquæ dest.....āā ℥iiss.
M.—S. Paint the parts with solution.

For Burns:

℞.—Potassii sozojodolici..... gr. xxx.
Vaselini..... ℥iiss–℥v.

—*Wiener Klinische Wochenschrift.*

FOR STOMATITIS:

℞.—Potassii chlor..... ℥j–gr. xv.
Decoct. chinæ..... ℥vj–℥iij.
Tr. cochleariæ ..... ℥vj–gr. xv.
Mel. rosat..... ℥iss–gr. xxx.
M.—S. Gargle frequently.

—*Internat. Klin. Rundschau.*

FOR STOMATITIS AND DIFFICULT TEETHING OF CHILDREN:

1. Paint the gums with the following mixture:

℞.—Cocainæ mur..... gr. iss.
Sodii chlor..... gr. xv.
Glycerini,
Aquæ dest.....āā ℥iiss.

2. Spray a boracic acid solution on the inflamed parts.

3. To prevent spasms give internally:

℞.—Potassii brom..... gr. xv.
Syr. alth..... ℥v.
Salep. gummos..... ℥j–℥ij.
M.—S. Teaspoonful every hour.

—*Internat. Klin. Rundschau.*

SALIPYRINE.—Prof. Dr. von Hosengeil (Bonn, Germany) claims that the action of antipyrine in such cases of influenza which show no rise of temperature is that of a cardiac poison. Salicyl and quinine have also such action. By combining salicylic acid and antipyrine he claims to have found a preparation, which he names salipyrine, which has proven itself to be a most excellent specific anti-influenzic remedy in just such cases. The dose he employs is from 15 to 30 grains.

—*Berliner Klinische Wochenschrift.*

NATRIUM CHLORO-BOROSUM.—Dr. Kettler (Berlin) speaks highly of natrium chloro-borosum as an internal antiseptic.

He says that 1 per cent. solutions of this salt are sufficient to destroy typhoid bacilli, and that a 5 per cent. solution will do the same with tubercle bacilli.

He uses the following formulæ:

In Typhoid Fever of Children:

℞.—Sol. natr. chloro-boros... ℥j, gr. viiss: ℥iv, gr. iij.
Syr. simpl..... ad ℥iv, ℥v. gr. iij.
M.—S. A dessertspoonful every two hours.

In Typhoid Fever of Adults:

℞.—Sol natr. chloro-boros... ℥ij: ℥v, ℥iij, ℈iij.
Syr. rubi..... ad ℥vj, ℥ij.
M.—S. A tablespoonful every hour or two.

For Bronchitis:

℞.—Liq. natr. chloro-boros (15 per cent.)..... ℥viiss.
Aquæ dest..... ℥iij, ℥vj.
M.—S. Use externally. Inhale frequently.

—*Deutsche Medicinal Zeitung.*

BROMIDE OF ETHYL.—Dr. Tal. Donath claims to have discovered a remedy against epilepsy, which is far superior to any other preparation. Bromide of ethyl ($C_2H_4Br_2$) is the remedy spoken of. It being insoluble in water, he administers it in emulsion such as:

℞.—Aethyleni brom..... ℥j. gr. xv.
Emuls. oleos..... ℥iij, ℥j.
Ol. menth. pip..... gtt. ij.
M.—S. For adults: take 30 drops in a half glass full of sugar water two to three times daily.

On the third day he increases the dose to 40 drops, on the sixth day to 50 drops, on the seventh day to 70 drops.

Donath has not administered any larger doses than 70 drops, which is equivalent to 4½ grs. of bromide ethyl. In children of eight to ten years he begins with 10 to 20 drops. By gradually increasing the dose he prevents any ill effects which the remedy may have on the stomach. Should the stomach be irritated, he decreases the doses and adds gr. iss–gr. iij to above prescription.

Another way of administering this preparation is:

℞.—Aethyleni brom.
Spt. vini rectificati..... āā ℥j, gr. xv.
Ol. menth. pip..... gtt. ij.
M.—S. Five to fifteen drops in a little milk two to three times daily.

Or,

℞.—Acthyleni brom ..... gtt. iij.
Ol. amygdal. dulc..... gtt. vj.
M.—Fiat caps. gelat. No. i.
S. Two to four capsules two to three times daily.

—*Pester Med. Chirurg. Presse.*

STRYCHNINE IN ALCOHOLISM.—Dr. Portugalon, Samara (Russia), says that strychnine is the specific remedy against alcoholism; he uses it as follows:

℞.—Strychniæ nitr..... gr. ix.
Aquæ dest..... ʒiij–gr. vi.
M.—S. Use hypodermically.

In the beginning one to two injections of gr. viiss daily, which may be raised to gr. xxxviiss daily. Ten to sixteen injections will be generally found sufficient. A little bromide of potassium may be administered at the same time.

He began in 1887 to use strychnine against alcoholism, and claims four hundred and fifty-five cures since then. A number of Russian physicians also report favorably upon this treatment.

Dr. Tergolski reported all cases of alcoholism treated in such manner as positively cured.

—*Deutsche Med. Wochenschrift.*

DEATH DUE TO INJECTION OF HYDRARGYRUM NITRICUM.—Dr. John Phillips reports the following case in the *Deutsche Medicinal Zeitung:*

He treated patient, who was married and twenty-five years old, for sterility and dysmenorrhœa. After three years she became pregnant, but, being separated from her husband, she injected a half-teaspoonful of a nitrate of mercury solution into her vagina, so as to induce abortion. Soon she complained of violent pains, besides vomiting a great deal. Morphine and cocaine were prescribed. The face appeared drawn to one side; temperature, 39° C. (102⅘° F.); pulse, 112. Stools often, and colored with blood; no control over bladder. The vagina appeared wounded, and, on washing it out, bloody shreds came away. Uterus was enlarged; the os soft and open. Carbonate of ammonia was used, but the patient died. Post-mortem showed bloody urine in the bladder, the blood came apparently from the kidneys; the vaginal mucous membrane was covered with a hard detritus; cervix normal; the decidua partially loosened from its adhesions. The uterus contained a ten-weeks-old fœtus intact. The intestinal mucous membrane was black and softened superficially. The peritoneum showed the beginning of an inflammation. The mucous membrane of the stomach was normal.

Phillips claims that the peritonitis was due to the detritus which covered the vagina, and which must have been reabsorbed. During life the patient showed no signs of mercurial poisoning (salivation).

Medical News and Miscellany.

THE Annual Encampment of the Boys in Blue is held this week at Detroit.

GEORGIA has a law disqualifying any physician who is proved to drink to excess.

MR. A. FRANK RICHARDSON has brought the question of substitution prominently forward, in an address before the National Editorial Association at St. Paul.

AT the Massachusetts State Farm, a woman died from drinking methyl alcohol, stolen from the paint shops.

AT Mitchell, Indiana, several cases of insanity have developed among the converts of the Mount Ebal Shakers.

THE Missouri State Board of Health demands from the medical colleges three courses of lectures for the student after the session of 1891–92.

PROFESSOR BERGMANN and Dr. Hahn have been ordered to answer within twenty-four hours the charge of having inoculated pauper patients with cancerous matter.

SUED BY SIR MORELL MACKENZIE.—Sir Morell Mackenzie, the celebrated throat specialist of London, has brought suit for $10,000 damages, for the alleged unauthorized use of his name, against the Soden Mineral Springs Company and the Eisner & Mendelson Company. An injunction has been asked for.

H. CROOKSHANK PACHA, Inspector-General of Prisons, Cairo, F.R.C.S. Edin., has received the assistance of the Khedive in his efforts to establish an asylum for criminals under fifteen years. On the occasion of his setting out for New York, where he is to be married on the 5th of next month, his Highness presented to Crookshank Pacha a magnificent "*collier de scarabées*," mounted in gold, as a wedding present for his *fiancée*.

THE Ospedale Maggiore at Milan has just received, from the Duchessa Eugenia Litta Bolognini, who recently lost her husband and her second son, a donation of 500,000 francs, the proceeds of the sale of her jewels. The special department of the hospital thus munificently endowed is that of the Children's "Clinico-Chirurgico," or ward for the surgical lesions of children, and is intended as a memorial to the young Duca Litta Bolognini, prematurely deceased.

THE Medical Examining Board of Virginia will hold its semi-annual session for the examination of applicants for license to practice medicine, surgery, etc., in Virginia, during the session of the Medical Society of Virginia in Lynchburg, Va., during October, 1891. Fuller notice will appear in our September number. In the meantime, for further information apply to the Secretary of the Board, Dr. Paulus A. Irving, of Farmville, Va., or the President, Dr. Hugh M. Taylor, of Richmond, Va.—*Va. Med. Monthly.*

IN ever case of hysteria, whatever be the condition of the locality giving rise to the special symptoms, there is a pathological condition of the central cortical cells, and to these you must address your attention if you hope for success in the treatment. You cannot afford to scout the idea of disease simply because the peripheral lesion does not correspond to the symptoms existing. Disease just as important and far more troublesome is present, and will require the skill of the most expert for its mastery.

—*Lancet Clinic.*

CHOLERA is still spreading in Abyssinia, the disease making great progress at Massowah, where not only natives but some Europeans have been attacked. The heat is stated to be excessive. It is also alleged that some cases have occurred amongst pilgrims at Mecca, and that detention at Red Sea ports is already being arranged for pilgrims before returning to Egypt

or passing up the Suez Canal. The occurrence of the disease at Aleppo has led to quarantine being imposed by the Austrian Government on all arrivals from Syrian ports between Karatash and Latakia, and the same regulation will apply to arrivals from Red Sea ports.

THE ÆSCULAPIAN MASONIC LODGE.—The Most Worshipful Grand Master has acceded to the prayer of the petitioners, and granted a warrant for the above lodge. The following are the officers designated: W. M., J. Brindley James, M.R.C.S., P.M.; S. W., F. Ernest Pocock, M.D., P.M.; J. W., Deputy Inspector-General, Belgrave Ninnis, M.D., P.M.; P.M. (acting), Lennox Browne, F.R.C.S. Edin., P.M.; Secretary, Thomas Dutton, M.D., P.M.—*Lancet.*

COMPARATIVE MORTALITY IN ENGLAND AND ITALY.—The gross population of England and Italy is about the same—namely, 30,000,000, and while the mortality during 1889 in the former was 511,000, in the latter during the same period it was 820,000. This gives a rate of 17.8 deaths per thousand for England, and 27.6 per thousand for Italy. Bad water and the absence of sanitary arrangements in the large towns are assigned as the causes of this high rate of mortality.

GOUT AND FRUIT EATING.—In the last number of his *Archives of Surgery* Mr. Jonathan Hutchinson says that he has for many years been in the habit of forbidding fruit to all patients who suffer from the tendency to gout. In every instance in which a total abstainer of long standing has come under his observation for any affection related to gout he has found, on inquiry, that the sufferer was a liberal fruit eater. Fruits are, of course, by no means all equally deleterious; cooked fruits, especially if eaten hot with added sugar, are the most injurious, the addition of cane to grape sugar adds much to the risk of disagreement. Fruit eaten raw and without the addition of sugar would appear to be comparatively safe. Natural instinct and dietetic tastes have already led the way in this direction, few wine drinkers take fruit or sweets to any extent, and Mr. Hutchinson suggests as a dietetic law that alcohol and fruit sugar ought never be taken together, and he believes that the children of those who in former generations have established a gouty constitution may, although themselves water drinkers, excite active gout by the use of fruit and sugar.—*Brit. Med. Jour.*

SABBATARIANISM IN EXCELSIS.—The new treasurer at St. Thomas' Hospital seems to be a man with very strict ideas on the subject of dominical repose. We hear that he has succeeded in putting a stop to the delightful clinical *matinées* with which Dr. Ord, among others, was in the habit of favoring senior students on the Sabbath, on the ground that to impart knowledge, even of such an essentially humanitarian kind on Sunday, was "highly improper." Evidently this official would never have consented to lend a hand to help an animal out of a ditch on that day. It is, however, to be hoped that he will know where to draw the line in this matter. He cannot very well forbid patients suffering on Sunday, neither can he, in the ordinary course of events, prevent surgical mishaps, so that it would be unfair to refer such applicants for relief to the following day. What excites one's surprise and disgust is that he should be enabled to interfere in matters not within his competence, and to enforce his own peculiar views on persons who should be outside and beyond his control.

—*Med. Press.*

ANY squint or cast in the eye can be cured without the expense of going to a physician or an oculist. It is only necessary to get a pair of spectacles with plain glass in and to color the center of one of the lenses black. The eye will naturally make an effort to look straight ahead all the time, and after a few days the effort will be imperceptible. With a child a cure can be effected in a week, and with a grown person a month will suffice to remedy the worst case. Wearing smoked glasses is the best possible safeguard for weak eyes when in a strong light, and even these will help to get rid of a "cast" by strengthening the eyes and relieving them from unnecessary exertion.

—*Chicago Herald.*

THE SPREAD OF TUBERCULOSIS BY RAILWAYS.—The last number of the *Revue Scientifique* contains an account of some interesting researches by M. Prausnitz on the dissemination of tuberculosis by railways. He collected the dust from the carriages running between Berlin and Meran, a route much frequented by phthisical persons, and tested it by the inoculation of guinea-pigs. Microscopical examination revealed the fact that tubercle bacilli were present in two out of five samples of dust, and three out of four of the animals experimented upon developed tuberculosis as a consequence of the inoculation. From the slow evolution of the disease, M. Prausnitz infers that the bacilli were only present in small numbers, but this fact does not invalidate his conclusion that it is incumbent on railway companies to order the periodical cleansing and disinfection of their carriages, and especially of the rugs and carpets, since these are exposed to the expectoration of phthisical travelers. We should imagine, from our experience in this country, that a bacteriologist would find enough microbes of all kinds in the corners of one of our cushioned carriages to occupy his attention for the rest of his scientific life.—*Med. Press.*

AN Army Medical Board will be in session in New York City, N. Y., during October, 1891, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War, before September 15, 1891, for the necessary invitation, stating the date and place of birth, the place and state of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates, based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the Board.

Further information regarding the examinations may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

C. SUTHERLAND,
Surgeon General U. S. Army.

THE POISON-MAIDENS OF THE ANCIENT INDIANS.—"Puellæ veneficæ," or poison-maidens, constituted a feature peculiar to the ancient Hindoo civilization—young women, that is to say, who had been inured to the ingestion of poison, and who had power to kill all who came in contact with them. To which of the

two main classes into which Susruta divides poisons—the "venena stabilia" (vegetable and mineral) and "venena mobilia" (animal) poisons—these women owed their fatal gift, has not been made clear. Susruta, however, has no doubt of the reality of that gift. Steinschneider, in his "Toxicologische Schriften der Araber bis Ende des xiiiten Jahr-hundert" (Toxicological writings of the Arabs up to the close of the thirteenth century), adduces from the Hawi of Rhazes a passage to the following effect: "Æthiopes quando volunt occidere principes, nutriunt puellas veneno . . . . et earum saliva periit gallinas et alia animalia, et muscæ fugiunt eas." (When the Æthiopians [Indians] want to kill their chiefs they feed girls with poison . . . . and the saliva of these is fatal to hens and other animals, and flies shun them). The whole subject forms a curious page in the history of medicine.

WEEKLY Report of Interments in Philadelphia, from July 25 to August 1, 1891:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Alcoholism	1		Fever, typhoid	5	5
Apoplexy	2		Gangrene	1	
Bright's disease	6	1	Inanition		18
Burns and scalds		1	Inflammation bladder	1	
Cancer	16		" brain	4	11
Caries of vertebra		1	" bronchi	2	4
Casualties	4	3	" kidneys	6	1
Cerebro-spinal meningitis		1	" laryux		1
Congestion of the brain		4	" heart		2
" " lungs		2	" lungs	7	9
Cholera infantum		81	" peritoneum	5	
Cholera morbus	2	1	" s. & bowels	9	4
Cirrhosis of the liver	3		Intussusception		1
Colic		1	Malformation		2
Consumption of the lungs	31	6	Mania a-potu	1	
" " bowels		1	Marasmus		31
Convulsions	2	16	Measles		1
Croup		2	Obstruction of the bowels	1	1
Cyanosis		10	Old age	9	
Debility	2	3	Paralysis	3	1
Diarrhœa	1	4	Pyæmia		1
Diphtheria		9	Rheumatism	1	2
Disease of the heart	19	2	Suicide	2	
" " spine		1	Sunstroke		1
Drowned		1	Syphilis	1	
Dropsy	1	2	Teething		1
Dysentery	3	3	Tetanus		1
Epilepsy		1	Tumor	1	
Enlargement of the liver	1		Ulceration of the stomach	1	
" " spleen		1	Uræmia	4	1
Fatty degeneration of the heart	1		Whooping cough		7
Fever, scarlet		4	Total	159	268

HEALTH OF NEW YORK DURING JUNE, 1891.—Monthly reports from one hundred and thirty-eight cities, villages, and towns, aggregating a population of 4,305,000, show a total mortality of 7,893 deaths during the month of June, making a death-rate of 22.78 per thousand per annum. The entire reported mortality for the State is 9,321, or 310 deaths daily; in May there were 330 daily, in April 463; in June, 1890, there were 291. The excess over the mortality of a year ago is in acute respiratory diseases, and diseases of the digestive, circulatory, and nervous systems; these have been found to represent the mortality from epidemic influenza, and it is probable that 500 deaths were from this cause. The number of deaths from acute respiratory diseases was 1,098, which is about half that of May. There were 978 deaths from consumption (1,234 in May), or 10.5 per cent. of the total mortality; this differs but little from a year ago. Zymotic diseases have caused fewer deaths than in June, 1890, the proportion to the total mortality being 186.80 per thousand now and 217.70 then. The reported deaths from diarrhœa are 20 per cent. less than last June, and from diphtheria the rate is lower; scarlet fever is the only zymotic disease which shows any material increase, having caused 207 deaths. The infant mortality is somewhat less, but compared with the preceding month of May is considerable higher, on account of the large increase in deaths from diarrhœal diseases. The death-rate for the State is 20.20 per thousand population per annum.

THE CHILDREN'S ARCHBISHOP.—One of the younger societies which has displayed the most astonishing vitality, as measured by the growth of its subscriptions and branches, is the Society for the Prevention of Cruelty to Children. Unlike most other societies, it has a soul, and that soul is Benjamin Waugh, the editor of the *Sunday Magazine*. Mr. Waugh is a veritable children's archbishop of all England, and not for England only but for the whole of the three kingdoms. Wherever a tortured child moans in a garret or in cellar, there Mr. Waugh appears as a deliverer and avenger. He has now sixty aid committees in England, two in Wales and three in Ireland. The annual income of the society has risen from $44,000 to nearly $100,000, but it is unable to cope with the whole field for lack of funds. It ought to have a revenue of $250,000 per annum, and no doubt before long Mr. Waugh will raise that and more also. Last month he secured the quasi-conditional support of Mr. Herbert Spencer, who has publicly confessed that:

"To bring punishment on brutal and negligent parents seems, on the whole, a beneficial function, for though by protecting the children of bad parents (who are on the average of cases themselves bad), there is some interference with the survival of the fittest, yet it is a defensible conclusion that in the social state philanthropic feeling may, to this extent, mitigate the rigor of the natural law."

To have extorted such an admission from the great apostle of the doctrine, "let the devil take the hindermost," justifies a belief that Mr. Waugh will raise his $250,000 per annum. It is much easier to take a collection than to convert the very pope of laissez faire.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending July 25, 1891.

FIELD, JAMES G., Assistant-Surgeon. Ordered to special duty in the Bureau of Medicine and Surgery.

HOPE, JAMES S., Assistant-Surgeon. Ordered to the R. S. "Franklin."

MORRIS, LEWIS, Assistant-Surgeon. Ordered to the "Ajax" and other monitors, Richmond, Va.

KENNEY, JAMES F., Assistant-Surgeon. Promoted to Passed Assistant-Surgeon.

Notes and Items.

A DELIGHTFUL place for convalescents: Dr. Wharton's Sanitarium at Atlantic City.

AN elegant reconstructive tonic for hot weather; delicious to the taste, checking perspiration when excessive, and invigorating the whole body: *Cherry-Malt Phosphites.*

THERE is one preparation to which we are so much indebted in our practice that we are always glad to say a good wo·d for it, and that is Procter's Wine of Pepsin. Ten drops are enough for an infant.

WE ordered Fehr's Compound Talcum Baby Powder lately for a baby. The nurse remarked that it was the best baby-powder she had ever used. Most powders are of some form of starch, and this, mixed with the animal secretions, soon ferments, and then the delicate skin is irritated.

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AND

HOSPITAL.

A Clinical School for Graduates in Medicine and Surgery.

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EDWARD B. BRONSON, M.D., Professor of Dermatology; Visiting Dermatologist to the Charity Hospital; Consulting Dermatologist to Bellevue Hospital (Out-door-Department).

A. G. GERSTER, M.D., Professor of Surgery; Visiting Surgeon to the German and Mt. Sinai Hospitals.

V. P. GIBNEY, M.D., Professor of Orthopædic Surgery; Orthopædic Surgeon to the Nursery and Child's Hospital; Surgeon-in-Chief to the Hospital for Ruptured and Crippled.

LANDON CARTER GRAY, M.D., Professor of Diseases of the Mind and Nervous System; Attending Physician to Hospital for Nervous and Mental Diseases, and to St. Mary's Hospital.

EMIL GRUENING, M.D., Professor of Ophthalmology; Visiting Ophthalmologist to Mt. Sinai Hospital, and to the German Hospital.

PAUL F. MUNDÉ, M.D., Professor of Gynecology; Gynecologist to Mt. Sinai Hospital; Consulting Gynecologist to St. Elizabeth's Hospital.

A. R. ROBINSON, M.B., L.R.C.P. and S. (Edin.), Professor of Dermatology; Professor of Normal and Pathological Histology in the Women's Medical College.

DAVID WEBSTER, M.D., Professor of Ophthalmology; Surgeon to the Manhattan Eye and Ear Hospital.

JOHN A. WYETH, M.D., Professor of Surgery; Visiting Surgeon to Mt. Sinai Hospital; Consulting Surgeon to St. Elizabeth's Hospital; Secretary of the Faculty.

W. GILL WYLIE, M.D., Professor of Gynecology; Gynecologist to Bellevue Hospital; President of the Faculty.

R. C. M. PAGE, M.D., Professor of General Medicine and Diseases of the Chest; Physician to St. Elizabeth's Hospital; Attending Physician to the Northwestern Dispensary, Department of Chest Diseases.

D. BRYSON DELAVAN, M.D., Professor of Laryngology and Rhinology; Laryngologist to the Demilt Dispensary.

JOSEPH WILLIAM GLEITSMANN, M.D., Professor of Laryngology and Rhinology; Laryngologist and Otologist to the German Dispensary.

OREN D. POMEROY, M.D., Professor of Otology; Surgeon Manhatten Eye and Ear Hospital; Ophthalmic Surgeon New York Infants' Asylum, and Consulting Surgeon to the Paterson Eye and Ear Infirmary.

HENRY N. HEINEMAN, M.D., Professor of General Medicine and Diseases of the Chest; Attending Physician to Mt. Sinai Hospital.

THOMAS R. POOLEY, M.D., Professor of Ophthalmology; Surgeon-in-Chief of the New Amsterdam Eye and Ear Hospital; Ophthalmic Surgeon to the Sheltering Arms; Consulting Ophthalmologist to St. Bartholomew's Hospital.

B. SACHS, M.D., Professor of Neurology; Consulting Neurologist to the Montefiore Home for Chronic Invalids.

L. EMMETT HOLT, M.D., Professor of Diseases of Children; Visiting Physician to the New York Infant Asylum; Consulting Physician to the Hospital for Ruptured and Crippled.

AUGUST SEIBERT, M.D., Professor of Diseases of Children; Physician to the Children's Department of the German Dispensary.

H. MARION SIMS, M.D., Professor of Gynecology; Gynecologist to St. Elizabeth's Hospital and New York Infant Asylum.

WILLIAM F. FLUHRER, M.D., Professor of Genito-Urinary Surgery Surgeon to Mt. Sinai and Bellevue Hospitals.

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REGULAR SESSION OF 1890-91, OPENED SEPTEMBER 15, 1890.

For further information and for catalogue, address **JOHN A. WYETH, M.D., Secretary of the Faculty**

or, WILLIS O. DAVIS, Clerk, 214, 216 and 218 East 94th St., New York City.

Fifty-Dollar Outfit of Triturates.

THIS list has been compiled by Dr. Waugh, and contains what he would recommend to a physician who desires to lay in a stock of these convenient preparations for his own dispensing. There are many other remedies that are essential to the modern practice of medicine: but for various reasons they are not suitable for use in this form. The quantities have been carefully calculated, so that articles of common use appear in several forms or in larger quantities than those more rarely employed. The following notes may explain further the motives for selection:

1. The use of alkaloids hypodermically is to be encouraged; as tending to accuracy of diagnosis and of medication: and certainly of results. A full list is given; and the more frequent use of morphine provided for by inserting three salts, of diverse strength.

2. Very few compounds are included; as a greater variety of agents is thus secured, in the given limit: and every physician should be able to make his own combinations at will. Exception is made in the case of a few combinations, of special value and common use: such as the laxative triturate, and the lozenge of morphine and ipecac.

3. Acetanilide is entered in ½ gr. tablets, as most convenient for children. For adults, four or more may be given at a dose. Antipyrine is omitted on account of its high price, which has led to the general substitution of acetanilide.

4. Arsenic appears in five forms, of various strengths. Surely enough, even of this valuable drug.

5. Tartar emetic is often useful in small doses. The $\frac{1}{10}$ gr. tablet is selected, as smaller doses may easily be prepared, by dissolving a tablet in any given number of tablespoonfuls of water. Thus, one tablet with ten spoonfuls of water gives $\frac{1}{100}$ gr. per spoonful. The same may be said of many other remedies in the list: and explains the restriction to our size of drugs used in many sized doses.

6. Arsenic sulphide deserves a place and a trial for the sake of Dr. Louis Lewis, who brought it into notice.

7. Atropine represents belladonna so fully that no other preparation of this plant is needed.

8. If creasote be required in larger doses than one grain, it should be administered hypodermically, in fluid cosmoline.

9. Cupric arsenite is called for frequently, from Dr. Aulde's strong recommendation.

10. Euonymin, gelsemium, leptandrin, and a number of other drugs adopted from the Eclectics, deserve a far more general trial than thay have yet received. Several others would have been included, as irisin, if they had been in any manufacturer's list.

11. Viburnum has established a place in the treatment of menstrual disorders.

12. Digitalin can scarcely be held to represent foxglove closely enough to warrant the substitution of the former. The hypodermic list, however, contains enough for any one who wishes to try the experiment.

13. Ox-gall is as surely indicated as pepsin, and should be used as frequently.

14. Eight chalybeates should afford a sufficient range of choice.

15. Six mercurials are about enough. The subsulphate bottle will probably become dusty, but is prized highly by many, in croup.

16. Morphine sulphate renders other opiates unnecessary: though convenience is consulted by adding the three hypodermic salts, Dover's, and a lozenge of morphine and ipecac.

17. The small dose of pilocarpine, is because it is not often used. So with santonin.

18. Strychnine sulphate renders nux and ignatia superfluous. The compounds are all unnecessary.

19. Lobelia occupies a place not filled by any other remedy. Its remarkable "drying" powers, in excessive secretions, are not so widely known as they should be.

20. Sanguinaria will stimulate the bronchial mucosa when all else has failed.

21. Trinitin is given in $\frac{1}{10}$ gr. tablet, as a larger surply can thus be carried: and the dose can be so easily divided, $\frac{1}{100}$ gr. is enough.

22. Cimicifuga and phytolacca have their uses: the one in chorea, the other in mastitis; where they cannot well be replaced.

23. Dr. Waugh could hardly overlook the sulpho-carbolate of zinc, or lactophosphate of lime.

24. Cannabis is an exasperating drug: continually coming up as a remedy for something in which other remedies are always a little better.

25. Gold threatens to be a fad. We put in enough to afford a trial.

26. Naphthaline is inserted for experiment.

27. Phenacetin cannot in all cases be replaced by the cheaper acetanilide.

28. Resorcin has had such strong recommendations in intestinal complaints that it should be generally tried; though we do not believe it compares with the sulpho-carbolate.

29. Salol has a value in cystitis that nothing approaches: unless it be pichi; and that is not a good drug for a triturate, as the dose is too large.

30. The succinate of soda has the one excuse for its existence, in its power in preventing gall-stone colic.

31. Sulfonal is costly, and yet it must be included: as it is the best of hypnotics.

32. Zinc phosphide amply fills the place of phosphorus. In treating neuralgia, it is of great value to make a powerful impression on the disease: to be followed by less energetic remedies.

33. The children take kindly to the wafers of quinine tannate and chocolate.

34. Many other remedies are to be found in the lists, but are not recommended; as grindelia and rhubarb, which require too large a dose; valerian, whose odor is objectionable. etc., etc.

TRITURATES, 500 EACH.

Acetanilide, 1-2 gr. each	$0 60
Acid. arseni, 1-20 gr. ea	40
" benzoic, 1 gr. ea	60
Aloin, 1-5 gr. ea	50
Al., bel., str. and ipe	60
Ant. and pot. tart., 1-10 gr. ea.	40
Arsenic brom., 1-60 gr. ea	40
" sulphid, 1-30 gr. ea	40
Atrophine sul., 1-100 gr. ea	60
Bismuth subnit., 2 gr. ea	1 00
Calcii sulphid, 1-8 gr. ea	40
Cerii oxalat, 1 gr. ea	50
Creasote, 1-4 gr. ea	40
Cupri arsenit, 1-100 gr. ea	40
Euonymin, 1-8 gr. ea	40
Ext. serpentarii, 1-4 gr. ea	60
" viburnum, 1 gr. ea	60
" digitalis fl., 1 gr. ea	45
Fel. bovin, 1 gr. ea	40
Ferri arsenit., 1-8 gr. ea	45
" redact, 1 gr. ea	45
Hydrarg. bichlor., 1-20 gr. ea.	40
" ch. nit., 1-4 gr. ea	40
" iod. vir., 1-4 gr. ea	50
" ox. flav., 1-35 gr. ea.	40
" subsulph., 1-2 gr. ea.	45
Ipecacuanha, 1-8 gr. ea	40
Lithii carb., 1-2 gr. ea	55
Morphine sulph., 1-8 gr. ea	1 00
Ol. amygd. amor., 1-10 gr. ea.	40
" erigeron, 1-10 gr. ea	40
" tiglii, 1-10 gr. ea	40
Pilocarpin mur., 1-50 gr. ea	80
Dover's, 2 1-2 gr. ea	60
Santonin, 1-4 gr. ea	$0 60
Strychnine sul., 1-40 gr. ea	40
Tr. aconite, 1 gr. ea	40
" gelsemii, 3 gr. ea	40
" hydrastis, 3 gr. ea	40
" lobelia, 3 gr. ea	40
" quassia, 5 gr. ea	40
" sanguinar., 3 gr. ea	40
" scillæ, 3 gr. ea	40
" senega, 5 gr. ea	40
" strophanthin, 3 gr. ea	45
Trinitrin, 1-20 gr. ea	40
Bland's	1 00
Tr. cimicifuga, 2 gr. ea	65
" cantharidis, 1 gr. ea	50
" colchicum, 2 gr. ea	65
" phytolacca, 1 gr. ea	50
Zinc. sulphocarb., 1 gr. ea	50
Tr. verat. vir., 2 m	40
Ext. gentian fl., 2 m	45
	$26 95

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PILLS, 100 EACH.

Ammon. bromide, 10 gr. ea	35
Calc. lactophos., 5 gr. ea	30
Ergotin, 1 gr. ea	35
Ext. cannab. ind., 1-4 gr. ea	25
Ferri protocarb., 5 gr. ea	30
" citrate, 5 gr. ea	30
" and myrrh	25
" iod	20
" and potas. tart	30
Gold & soda chlor., 1-20 gr. ea	40
Pil. hydrarg., 5 gr. ea	$0 30
Leptandrin, 1-2 gr. ea	25
Naphthaline, 2 1-2 gr. ea	25
Pepsin, 1 gr. ea	55
Phenacetin, 3 gr. ea	1 20
Potas. nitrat., 5 gr. ea	25
Quin. bisulph., 2 gr. ea. (200).	60
Resorcin, 3 gr. ea	35
Salol, 2 1-2 gr. ea	60
Sod. salicylat., 5 gr. ea. (200)	1 10
" succinat., 2 gr. ea	35
Sulfonal, 15 gr. ea., No. 10	75
Zinc phosphide, 1-12 gr. ea	20
Quin., tannat. and chlor	45
	$10 40

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HYPODERMIC TABLETS, 20 in each tube.

Atropine sulph., 1-60 gr. ea	10
Apomorphin. mur., 1-10 gr. ea	20
Aconitin, 1-60 gr. ea	24
Cocaine mur., 1-6 gr. ea	24
Conine hydrobrom., 1-80 gr. ea	10
Caffeine, 1 gr. ea	18
Curarin sulph., 4-60 gr. ea	12
Digitalin, 1-100 gr. ea	10
Duboisin. mur., 1-60 gr. ea	11
Eserine sul., 1-60 gr. ea	15
Hydrarg. ch. cor., 1-30 gr. ea.	10
Hyoscyamin. sul., 1-60 gr. ea.	12
Hyoscine hyd., 1-100 gr. ea	22
Morphine sul., 1-4 gr. ea	14
" bimec., 1-8 gr. ea	12
" mur., 1-6 gr. ea	13
Pilocarpin mur., 1-8 gr. ea	$0 20
Picrotoxine, 1-40 gr. ea	10
Physostigmin. salic., 1-40 gr. ea	15
Quin. carb. amid., 2 gr. ea	35
Strychnine sul., 1-60	10
Spartein sul., 1-30 gr. ea	10
Trinitrin, 1-100 gr. ea	10
Codein, 1-8 gr. ea	20
Ergotin, 1-10 gr. ea	20
	$3 87

—00—

LOZENGES.

Acid tannic, 1-2 gr. ea., 1 lb	70
Soda-mint, 1 lb	50
Resin guaiac, 2 gr. ea., 1-4 lb	23
Potas. citrat., 3 gr. ea., "	75
" bicarb " "	45
Soda " " "	45
Potas. chlorat " "	45
Ammon chlor., 3 gr. ea " "	60
Potas. brom., 5 gr. ea " "	1 15
" iod., " " "	1 00
Tar, 1 lb	55
Morph. and ipecac, 1 lb	75
Cubeb, ol. res., 1-2 gr. ea., 1-4 lb.	40
Eucalyptus, 1-4 lb	25
	$8 78
Hypodermic tablets	3 87
Pills	10 40
Triturates	26 95
Total	$50 00

PULMONARY CONSUMPTION

(THE TREATMENT BY THE SHURLY-GIBBES METHOD.)

THE experiments and results, obtained by Heneage Gibbes, M. D., Professor of Pathology, Michigan University, and E. L. Shurly, M. D., Professor of Clinical Medicine and Laryngology, at the Detroit College of Medicine, in the treatment of Pulmonary Consumption with solutions of chemically pure iodine and chloride of gold and sodium are already well known to the Medical Profession.

It is not claiming too much for this method to state that the results from its employment have been far more promising than those obtained from tuberculin, or from any method for the treatment of pulmonary consumption hitherto attempted.

It gives us much pleasure therefore to announce that we are now prepared to supply the necessary solutions in any quantity desired, (with the endorsement of Drs. Shurly and Gibbes), and to guarantee their purity and uniform quality.

Reprints of recorded methods of using these solutions, with clinical reports, will be mailed physicians on request.

The solutions are put up in one-ounce bottles. Price per ounce of each solution, $1.00.

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